

Comments for Chapter 513 IDDW

Effective Date December 1, 2015

<u>Comment Number</u>	<u>Date Comment Received</u>	<u>Comment</u>	<u>Status Result</u> C = Change NC = No Change D = Duplicate	<u>Action for Change Status</u>	<u>Reasoning for No Change Status and FAQs</u>
1	10/1/2015	<p>Title of email: Allowing relatives to work with their in Unlicensed setting</p> <p>My daughter is in her own home and as a parent I bill hours to work with her outside of her home to help her with her independence in the community. This has been a tremendous help to her in achieving confidence and having a higher quality of life.</p> <p>She is in using Personal Options through PPL and it saves the State money by not using an agency. The cost per hour is \$10.96 as opposed to \$20.04.</p> <p>It is extremely difficult to find people to work with my daughter that can be trusted to not use drugs or alcohol when they work with her. She is much safer with a family member and I am opposed to losing this option. She deserves to be safe and there are not many people to choose from when not using an agency.</p> <p>PLEASE allow family members to continue to work with their relative.</p>	<u>NC</u>		The reason for No Change status is that Personal Options can be used in an unlicensed ISS Settings. The decision was made by BMS and approved by CMS to not hire family members to be employed in these particular settings.
2	10/1/2015	Title of email: Family members NOT being able to bill	<u>D</u>		See #1 Response

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		<p>I provide person centered services to an individual that has a parent that provides direct supported services to their adult child that owns their own home.</p> <p>Because this parent is able to provide (because the parent can bill for the services it has enabled them NOT to have to work outside the home;therefore, ensuring the adult child may participate in all the activities of interest) the services that helps this individual participate in community activities and the activities that the individual wants to participate --Plus knows the individual is safe (not all support staff will provide the quality and level of care that a parent or another family member may provide.</p> <p>I do encourage that this part of the waiver manual be reviewed again and alot of consideration given as to the impact that it will have on many, many family members. And the cost savings it provides-- comparing if the individual was going through an agency the billing per hour</p>			

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		<p>would be like \$20.00 per hour and with person centered options the cost is \$10.86 per hour.....and if it is a parent billing it is even less, like \$9.88 because the parent is excluded from one of the payroll deduction requirements.</p> <p>I pray that the review committee and decision makers will TAKE A LONG HARD LOOK AT THIS PROPOSED CHANGE and AMEND IT PRIOR TO THE NEW MANUAL BEING IMPLEMENTED!</p> <p>Thank you in advance for your consideration to this very vital part of the services delivered to each individual waiver participant.</p>			
3	10/1/2015	<p>Title of email: Idd Waiver</p> <p>Hi I am a respite for my niece NAME REMOVED who had idd,cerebral palsy and couple other disabilities.her mom past away back in 2006 and my mom and I had stepped in to take care of her and raise her cause we did not want her going to foster or insotitions. NAME REMOVED is total</p>	<u>NC</u>		<p>BMS made the decision and CMS Approved the decrease in respite hours to due to the financial restraints of the I/D Waiver budget.</p> <p>Please speak to your niece's service coordinator about purchasing a lift to assist with</p>

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		<p>care 24 hours a day for us and my mom without me couldn't do it due do her weight,how often she sick,her mood swings,appts,programs,and to just get a break cause sometime that's very needed on everyday bases when u raising a disbilty child.plus her school calls home alot and I'm always available cause it takes two for lifting and for the wheelchair and every activities in our everyday life.we have hardly any family so no help there.these respite hours help my mom and NAME REMOVED alot.please asking for u not to make such changes in those hours. Cause without them my mom have no help with NAME REMOVED cause I'd have get another job or 2.also my mom's hours as pcs family go down she would need job and that's realy impossible cause of NAME REMOVED needing total care and there is no one to watch her.and could never trust another person to care for her or even afford any babysitter.we are al she has Please don't make the changes to server.thanks for reading and u have blessed day.</p>			<p>transference activities and please explore the personal care program for additional service options.</p>
4	10/1/2015	Title of email: IDD Waiver	<u>NC</u>		BMS made the decision and

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		Please allow the 52.5 hours to be used as needed. If it is costing less for PPL then it is still saving the state money and should be allowed. My son has sever 5ehavior issues and I will not allow agency respite only my husband helps me with a break for my son and that is not allowed to be billed for. Please fix this and think about the families. This is a personal attack on families if it is not allowed to be used for PCS because it can be used for agency based respite. Is this about saving the state money or a personal attack on disabled family members and families? Stop and think about the impact on families! If it does not cost more then it is just an attack not a money saving issue.			CMS approved that primary caregivers cannot reimbursed using allocated respite dollars.
5	10/1/2015	Title of email: Idd Waiver DUPLICATE regarding same person as #3 above Hi this is NAME REMOVED I'm writing to u from my daughter email cause I dnt have one.I'm a pcs on the waiver program for My granddaughter NAME REMOVED she was born with cerebral palsy,idd and	<u>D</u>		

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		<p>other disabilities.her mom past away back in 2006.she was murdered by NAME REMOVED dad and then he killed himself and so since then I have taking her over along with help of my daughter NAME REMOVED who is the respite.we care for her together on daily basis taking turns,without those respite hours we have now idk what I do.she is sick alot,is heavy so need two people to care for her.I only have income from this program due to having to care for her it be impossible to work and care for a child needing 24 hour care.there are even nights she up and I can't sleep.some don't know the strain there is to caring for disability child but I do anything for her and would never put her in a home.if changes go in affect on lowering hours I couldnt care for her way she needs to be.there is nobody else but me and my daughter to do it,and if lower respite hours to i wont have her to help with NAME REMOVED due to respite would have get jobs to to make it. NAME REMOVED is our world please dnt make changes so server to were we dnt know what to do.these changes will affect so</p>			

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		many families that struggle to take care and keep there love ones home.the disabled have enough on them not being able to do stuf we can why take stuff away from them. Also to point out we have never been over our budget we always have 3,000 to 8,000 or so left over.once again please rethink these changes thanks and have a good day.			
6	10/1/2015	Title of email: New waiver manual for 2015 Why cannot a parent or sibling provide PCS for a loved one that they do not live with? These so called "state contracted caregivers" sleep while they are on the job, because no one from the agency providing services ever goes out to ensure this is not taking place, disrespect the individual's home and property and by in large could give a crap less about the individual they are sitting with!! My father provided a home in his will after he died for my brother to live in and my mother and I are willing to do the things necessary to ensure he has a good quality of life, but that is not good enough?	<u>D</u>		

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		<p>Why is it ok for total strangers to come into my brother's home but we are not allowed to do the same damn job you are going to pay someone else to do? Think about that for a minute and you tell me what the hell kind of sense that makes? If you have others gaming the system that is a problem you need to eradicate on a case by case basis.</p> <p>I have come to the home on my time off in the middle of the night to check on things and the stuff I have caught taking place in my brother's home would appall a decent human being. Anyone who is in this field is in it for a paycheck, there is something in it for them. Who looks out for my family? After the damage is done it's too late. You can't un-ring the bell. Someone going to try and comfort me and tell me they are sorry that those beloved "state contracted caregivers" turned my brother's home into a frat house.</p> <p>Sleeping, selling drugs, watching Girls Gone Wild videos or not showing up for work at all and leaving someone my</p>			

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		<p>brother is not comfortable being around for not just 8 hours daily but for 16 if someone doesn't come to work for their shift? He won't eat or self-medicate when there are a bunch of hoodlums running in and out "getting their hours" then going home and living their life.</p> <p>Am I supposed to work a job to support myself and and never be able to go to the grocery store, or take my car to the mechanic, go Christmas shopping because I have to spend my "free" time watching someone else who is getting paid do what they, as an adult, should know what to do in the first place?</p> <p>This is an absolute outrage what the DHHR is doing. Not only to my loved one but to my mother and me. We have done nothing to deserve this. It's hard enough having a loved one with all these issues and something like this takes all the things that you get to go home and do for yourselves and your kids and throws it all out the window for us. It's despicable. We have stayed out of jail, paid our taxes,</p>			

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		<p>treated others as we would like to be treated and this is what our government rewards us with.</p> <p>I urge the decision makers to think long and hard about this. My mother and I are all we have. We have no family to speak of to help us. We have no support system except for the very agency that provides our "services" but no one there cares. I mean really cares! These folks are all overworked and if my mother and I were not in my brother's life he would have no one. Do you or anyone around you honestly have that problem? No family whatsoever to help you with a disabled individual in your family? Probably not.</p>			
7	10/1/2015	<p>Title of email: Waiver comment</p> <p>The proposed changes to this program are drastically going to impact my sister. She is 26 years old and lives with our physically disabled mother. The waiver program gives her a reason to live essentially. This program helps her to continue to learn and grow in a way she couldn't otherwise. She gets exercise ,she</p>	<u>NC</u>		Adults on this program are eligible for up to 93.5 hours of available service a week.

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		gets a chance to learn life skills, use libraries, and feel like she has something that will be there to help her. My mother isn't physically able to do much for her and this program is something she needs. It also helps address her behavioral issues as well. I think the cuts are going to harm many families and it's just not the right place to make cuts.			
8	10/1/2015	Title of email: Waiver Cuts! I am a single parent of an individual with a diagnosis of autism , adhd, and mr. I'm currently receiving 32 hrs per week respite, which is must needed so I can work outside the home. My son needs constant supervision he can't be alone. I'm his PPL person I provide his care 12 hours a day. This is what my son needs. If we lose any of this I honestly don't know what I will do! He needs what I have written desperately! Please don't take away what my son needs!! Signed, a very concerned mother!!!	<u>NC</u>		A parent of child under the age if 18 may provide 35 hours a week of service and if the child over 18 can receive 56 hours of service from a parent per week.
9	10/1/2015	Title of email: IDD Waiver I am the mother of a 20 year old infant.	<u>NC</u>		See #8 Response

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		<p>NAME REMOVED has severe cerebral palsy. She does not walk, talk, or eat. Each meal she receives is poured through a feeding tube placed in her stomach. She wears diapers as well. Because of her tube feedings, her stool has an odd consistency. If I don't clean her immediately, she smears the stool on her face, in her hair and on her clothing.</p> <p>She must be carried from room to room or lifted into her wheelchair. She must be lifted into and out of the tub. I brush her teeth, her hair and dress her.</p> <p>She can't tell me when she's sick, hungry, sad or happy. She will never know what it is to find her true love. She will never have a first date, walk down the aisle, or hold her own child. She will never have a job, drive a car, or go to college.</p> <p>NAME REMOVED has me. I am her everything. Her mom, doctor, nurse, therapist, and voice. Waiver allows me to be all these things and many more. Waiver enables me to work some outside of our</p>			

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		<p>home to provide for her. The Waiver cuts proposed will prevent me from caring for my child.</p> <p>NAME REMOVED is the victim. She was a premie. I did everything right during pregnancy, unfortunately she was born weighing only 15 ounces. Doctors said she would live her life in the hospital or probably not survive, but with the help of my family, and the support of Waiver, I am very proud to say they were wrong.</p> <p>Waiver is our lifeline. Cutting waiver would force parents to institutionalize their children. The cost and burden on the state of WV would be far greater caring for individuals such as NAME REMOVED when compared to continuing Waiver services as they currently stand.</p> <p>I beg you to come walk a day in my shoes, or better yet, a day in NAME REMOVED shoes. Waiver must be left intact. Cutting these services would be a death sentence for this population of special needs individuals.</p>			

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10	10/1/2015	Title of email: Don't cut their lifeline Please don't cut these peoples lifeline, it will do damage to their everyday life & in a lot of situations it could be life or death!	<u>NC</u>		Not enough information given in comment to give a response
11	10/2/2015	Title of email: IDD WAIVER CUTS My name is NAME REMOVED and I am a father af an autistic son. The cuts that are being made will take the money out of the hands of the people that need it and it is dispicable . The parents of these children are strapped enough as it is and they need all the help they can get. We are all in need of help and we will stand together to stop the changes to the waiver.	<u>NC</u>		See Response #10
12	10/2/2015	Title of email: Waiver Changes We need these changes to stop. Our families are having enough issues without these changes adding more stress. You all say you will stand by our families, and back us up, but when you're backs are up against the wall, we have been left standing here alone. Please stop this	<u>NC</u>		See Response #10
13	10/2/2015	Title of email: Waiver Program	<u>NC</u>		See Response #10

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		We don't any changes made to the wavier this people deserve it they disabled and cant hold down a public job thank you			
14	10/2/2015	Title of email: Waiver My daughter is on a ventilator to breath she is medical fragile she has to have a nurse LPN 8 hours a day to monitor her medical needs ,at night she need to be turned every 2 hours and also monitored if she comes off the vent she will die so I need a respite worker to work night in the new manual it states that only one service can be billed in same day I'm sure if this goes through my daughter will suffer she need her nurse and respite worker daily please reconsider these cuts.Thank you NAME REMOVED concerned for the life of my daughter	<u>NC</u>		The manual allows more than one service to be billed per day.
15	10/2/2015	Title of email: New Waiver Question When it comes to Service Coordinators and Therapeutic Consultants that are already working, what about the restrictions for positions that are added with the new manual. The new manual	<u>NC</u>		The degree requirement for service coordinators has not changed and the therapeutic consultant code has been discontinued.

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		now requires specific degrees.			
16	10/2/2015	Title of email: Waiver Cuts Please, at least, give people back some respite. It will be devastating to my son to not be out in the public everyday. Please.	<u>NC</u>		There are 2.5 hours a day of respite available during which your son can be accompanied into the community by his respite worker however if you feel that he needs more time in the community then the person centered support worker may accompany him.
17	10/2/2015	Title of email: Don't cut our lifeline Please stop and consider what people will suffer because of these cuts. As a grandparent guardian for our sweet boy this will result in having to give up careers that we have worked at for 30 years. We realize there are others that need these services as well, but cut in other areas such as agencies being allowed to charge such high rates for employees so they can make lots of money. Let's take a look at some salaries at the top that could be reduced or not increased. We are talking about those that have no means of taking care of themselves take a look at the formula and at how much of some families budgets are	<u>NC</u>		If he is under the age of 18 there are 42.5 hours per week available to support him and if he is over the age of 18 there is 93.5 hours available for services for him.

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		not used and others are suffering from not nearly enough time. Line it out instead of taking away from these individuals. Please don't cut our lifeline as this is all we have actually helping us with maintaining some quality of life for our loved ones. Without help we can't have time for restoration of our minds and bodies to be able to care for these precious ones in our home. It will result in costing more money and opening doors for neglect and or abuse because of being placed in institutions and ISS situations.			
18	10/3/215	<p>Title of email: IDD waiver</p> <p>First comment: 2 hours of nursing? How is it saving the poor state of WV money to deny a 73,000 budget only to pay out 123,000 to an institution because of lack of nursing care the family has to place their loved one in a facility?</p> <p>Second comment: If the money is to follow the participant then why does the state have a problem with the money staying in the child/individuals home?</p>	<u>NC to Comments 18 (First – Sixth)</u>		<p>Response to (18) First Comment - 2 hours of nursing are available daily to individuals living ISS or group settings. If it is identified within their assessed budget.</p> <p>Response to (18) Second Comment: The program you are speaking of is not the IDD Waiver but the Money Follows the Person Program.</p>

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		<p>Third comment: Spouses not being able to provide respite is unreasonable when the child/individual has serious behavior issues and cannot be trusted to leave with others.</p> <p>Fourth comment: If a school does not want a child in attendance because of behavior issues how is that parent supposed to hold a job? With that being said how is a parent supposed to provide for their disabled loved one?</p> <p>Fifth comment: Why can the respite not be used for PCS, but PCS can be used for respite? This is just an attack on biological family of the individual on wavier because it is not any more expensive.</p> <p>Sixth comment: If a PCS worker goes through PPL and saves the state funds because the rate is cheaper then why can they not have the entire 52 hours? It is not at any more cost to the state. Just another</p>			<p>Response to (18) Third Comment: At no time in this program have spouses been allowed to render respite services.</p> <p>Response to (18) Fourth Comment: Please contact the WV Department of Education to discuss any issues related to the individual's education as the IDD Waiver does not address educational related issues.</p> <p>Response to (18) Fifth and Sixth Comment: It has been determined that 5 hours of PCS is available for A CHILD UNDER THE AGE OF 18 and 8 hours of PCS a day is available for individuals over the age of 18. Respite's primary function is to give relief to the primary care giver</p>

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		<p>example of attack on natural families and our disabled loved ones!</p> <p>Last but truly not least just a little info: I hope to you understand what an impact this decision is going to have on welfare programs like SNAP! Watch the numbers climb in December/Janurary. This is a mistake and it will show its true colors soon!!!!</p>			<p>or PCS Worker thus the 2 are non- interchangeable services.</p> <p>This program must operate within the operating budget.</p>
19	10/6/2015	<p>Title of email attached: IDD Waiver</p> <p>I am writing making this comment as both a parent of a child with a disability and as a professional who covers 13 of the southern counties in WV. Although I understand that the IDD Waiver has to make cuts, I do not understand why they have to be so drastic and devastating to families. These cuts will not only add to the state cost eventually, it will force most families to make a decision between employment and caring for their child. I am one who will be forced to make that decision, and of course my childs wellbeing will be number one. I will be forced to apply for public assistance, along with thousands of other</p>	<u>NC</u>		42.5 hours are available per week for services for children under the age of 18. (25 PCS +17.5 Respite)

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		families in this state. Currently I work 8 hours per day, two and a half hours of respite does not even come close to supplying my childs needs. I hope someone finally realizes the devastation you are causing these already overwhelmed families.			
20	10/3/2015	<p>Title of email: Waiver Program</p> <p>I have worked for 10 years with a young lady who had many disabilities. Not only have I learned from this experience and thankfully had a paycheck coming in due to the program but also her family was able to know that she was well taken care of when wit me. She is now a part of the family and I love taking care of her.</p> <p>I must say it helps making extra money each month thru this program. It helps my family pay bills and I even able to do many things including the young lady I care for..so it's a win win situation.</p> <p>Please think about all the family with special needs children and adults, the</p>	<u>NC</u>		Thank you for comment and we look forward to continuing to work with our individuals on the waiver program.

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		group homes are great but just like the mental hospitals they become over crowded and under staffed, with this program parents have more ease of mind and help when they really need it. Thank u for your time. A very thankful waiver worker.			
21	10/3/2015	Title of email attached: IDD Waiver Chapter 513 I would like to know what I'm supposed to do when hours are cut to 8 hours away PCS, and 17.5 a week for Respite. My concern is Im a nurse, I work in the Operating ROOM, I work x4 12 hour days with an hour commute each way. My issue is I have enough hours to cover my work schedule only. I am guardian of an IDD adult who has Cerebral Palsy, seizures and both physical and sexual behaviors. It took me years to find the correct caretaker to provide care in my home that I had to buy due to his behaviors and destroying the properties we lived in. I have finally found a caretaker who treated NAME REMOVED like his own family, takes him to community activities, basketball and	<u>NC</u>		There are 73.5 hours available to your child in his home per week (56 HOURS PCS + 17.5 Respite per week) There are an additional 20 hours per week if he would like to participate in Facility Day Habilitation Services

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		<p>football games, out to eat in public places and on vacation. If my hours are cut there is no way I can afford to continue to take care of NAME REMOVED and myself. Due to NAME REMOVED Autism and Cerebral Palsy he never sleeps and requires 24 hour care. If I have to cut my work hours I can not afford to keep my caretaker. I give absolutely all my free time to NAME REMOVED, I need respite care and atleast four hours of sleep a day myself. Once the hours are cut to 8 per day for PCS and only 17.5 per week for Respite, that gives me no time to sleep once I get home from work as NAME REMOVED requires 24 hour care. NAME REMOVED has never been institutionalized, his grandmother brought him home from hospital and took care of him until she passed away and my mother asked me to take NAME REMOVED in so that he never had to be in a place other than natural family home.</p> <p>Please consider all the history and the families who actually work, I'm sure you can look at each individual case and</p>			

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		families and find a way to make this work.			
22	10/3/2015	Title of email: IDD wavier comments Comment 1: respite not being allowed to be provided by biological parents. I have to have my son's biological father use the respite. It is not replacing natural care. Who only spends 17.5 hours a week on natural care of their child? My son has serious behavior and safety issues and I do NOT trust anyone else. If he is taking his time off work to help me out while I spend time with my other disabled son who does NOT receive wavier. I think a few of the people making these chages need to walk a day in the shoes of parents like me!!	<u>NC</u>		IDD Waiver has never permitted biological parents to provide respite services for their own child.
23	10/3/2015	Title of email no body text: To change the waiver means you are hurting thousands of people not just the families but most of all the individual on the waiver program. Shame on the state of West Virginia for allowing these changes to be made under the guidance of someone who doesn't	<u>NC</u>		To continue this options program the state of WV must stay within the budgetary constraints.
24	10/5/2015	Title of email: IDD Waiver Chapter 513 public comment	<u>NC</u>		The program is frequently audited by various entities on

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		<p>I do not think this program's funding is being looked into as to why it's in the red. BMS is not up to doing an audit which makes them look guilty. I think if an audit was done you would find out it's not the clients and families where the monies go to but instead into someone pockets at BMS.</p> <p>You are only hurting the ones who need the most hep but you will answer to the one above all of us one day as to why you have hurt the ones without a voice.....</p>			<p>federal and state levels. Please Appendix I and J of the approved CMS Application. In additional BMS audits provider agencies every other year and is moving this to every year for increased monitoring and auditing.</p>
25	10/5/2015	<p>Title of email: Manual Mistake</p> <p>Comment: Someone may want to re-read and reconsider the fifth paragraph on page 30 of the draft Manual.</p> <p>Commenter is referencing 513.6.1.1 Initial Eligibility Determination Process Page 30 5th Paragraph</p> <p>If an applicant is denied medical eligibility by the MECA, a funded IDDW slot is available, and financial eligibility is</p>	C	<p>If an applicant is <u>approved for</u> medical eligibility by the MECA, a funded IDDW slot is available, and financial eligibility is established, then the applicant is enrolled into the Waiver program. If a slot is not available, then the applicant will be placed on a waitlist until a funded slot allocation is available and financial eligibility is established.</p>	

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		established, then the applicant is enrolled into the Waiver program. If a slot is not available, then the applicant will be placed on a waitlist until a funded slot allocation is available and financial eligibility is established.			
26	10/7/2015	<p>Title of email: IDD Waiver</p> <p>Nursing cut to 2 hours per day is going to cut more than costs. It is going to cut the quality of life if not take life from many of these clients</p> <p>PCS and Respite need to be allowed to transfer both ways not just PCS to respite! Wording needs changed to allow the family we already use for respite. You can not expect a special needs individual to accept changes like this!!!</p> <p>The cuts will not cost anymore to allow families to use those hours as PCS. Why does the DHHR have an issue with the money actually following the participant and allowing that individual to live a life without poverty.? Have they not suffered enough? Do they need to live in poverty</p>	<u>NC</u>		See #18 Response

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		<p>also?</p> <p>Cuts can be made and still be fair to the families of the IDD participants. This can be about cost and not an attack on families if you choose it to be!</p> <p>How does it save the state money to deny a 73,000 budget and then the parents have to place the individual in a facility and it cost 120,000. How is that cost savings?</p>			
27	10/7/2015	<p>Title of email: Waiver Manual Chapter 513</p> <p>I am a 32 year old individual that has been receiving waiver services since I was approximately 2 years old. Now I have come to learn in the new proposed waiver manual under section 513 on page 84 it says that just because I live on my own with direct support staff my mother is no longer allowed to work with me just because my house is “not licensed” to the waiver requirements. The only problem I have with this rule is that my mother is the one who gave birth to me and she knows what kind of hardships I have been through</p>	<u>NC</u>		See Response #1

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		<p>in my life. Whoever proposed this new change I am afraid they don't know anything or anyone with a developmental disability. Let me educate you a little bit on people with developmental disabilities. When you change their daily routine this can cause major behavior outbursts and make it much harder for the staff or the mother to take of the person. It was ok to pay my mother when I was at home. When I read this change in the new waiver manual it is not anywhere practical at all. I do not understand the basis behind this rule. This is just my opinion of course, to me there is no basis behind this rule because they told her that she had to become an employee of my service provider which she did and has been for several years and there hasn't been one problem with this before. I don't see why this is such an issue now. It doesn't matter if my home is licensed or not, the people who take care of me would have taken care of me the same way if it was licensed, furthermore, the most grievous part of this change, I have a staff member who has been working with me 13 and a half years</p>			

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		<p>and if this change were to go into effect he would have to take a pay cut and this will most likely cause him to quit which will send my life into a downward spiral because as it is now I can pick and choose who works with me. If the new change happens someone can come into my home whom I don't know from anywhere and I have to put my life in their hands. That is very scary to me and it's all because of one senseless rule that doesn't have any bearing on anything at all. In conclusion, with this new change it will cut down on the quality family time that I have in my life right now and that is the saddest part of this change. So please, I beg of you, when you release the final waiver manual to please take this section out. I will say this one more time, this rule has no bearing on anything. All it will do is send persons with disabilities lives into a downward spiral.</p>			
28	10/8/2015	<p>Title of email: Question</p> <p>First let me say you did an amazing job on this manual. It is very precise and very direct with the rules, with little room for</p>	<u>NC</u>		Any residential setting owned or leased by an IDD Provider must be licensed by OHFLAC.

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		<p>interpretation. I think this is the most direct manual I have seen in my many years. I only have one question that I am a little unsure of.</p> <p>Page 85 under limitation's/caps the very last bullet "Unlicensed Residential PCS cannot be provided in a setting owned or leased by an IDDW Provider;"</p> <p>Now in my mind that could go a lot of different ways. Is this referring to agencies that own property? What if the owners of the company own the property but not the agency and rent is being paid to the agency owners not the agency? In my mind all persons (agencies, agency employees, PCS Family, Respite etc) providing services are IDDW providers, so to me that means anyone who owns the property the individuals are residing in cannot provide any type of service in that unlicensed home. Example a legal guardian (not a parent) builds to their own home or on their property and has an unlicensed ISS. Anyone who owns that home cannot provide services in that ISS. What if they</p>			

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		<p>are not charging rent for the property, just letting them live there, then can they provide services?</p> <p>I know how things work, been around this program a LONG time.. I know these are the questions that are going to be asked, and I want to make sure we have the correct information to make any changes ahead of time to make sure we are following the rules to the letter. I do not want any doubt we are doing things by the book, so just want to make sure we are understanding the policy correctly.</p>			
29	10/9/2015	<p>Title of Email: IDD Waiver</p> <p>1st comment: PCS can be switched for respite, but not respite for PCS. What happened to the money following the participant? Why have such an issue with these children/adults benefiting from the funds given to them because they are disabled? It will not cost any more money and if everyone went PPL it would cost the state less!!!</p>	<u>NC to Comments 29 (1st – 3rd)</u>		<p>Response to (29) 1st Comment: It has been determined that 5 hours of PCS is available for A CHILD UNDER THE AGE OF 18 and 8 hours of PCS a day is available for individuals over the age of 18. Respite’s primary function is to give relief to the primary care giver or PCS Worker thus the 2 are non-interchangeable services.</p>

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		<p>2nd comment: the restriction on who can provide respite. A lot of families only trust people they know love and care for their child. Not allowing step-parents and biological parents who do not live in the home is just heartless. What happens when something terrible happens to our loved ones because of your ridiculous rules???</p> <p>3rd comment: Nursing limited. Would you like nursing care limited for your medically fragile child?</p> <p>Summary: I hope that everyone who had a hand in these changes realize what they have caused. The hardships that will now be faced by these children/adults and the people who care for them. The rise in SNAP and other programs will happen!! I know the powers that be could care less, but this will have an impact!!!</p>			<p>Response to (29) 2nd comment: Step-parents, Adoptive and Biological parents have previously never been allowed to render respite services as they are considered natural supports.</p> <p>Response to (29) 3rd Comment: Waiver nursing is limited to 8 hours per day for an adult as part of the direct care service array. Children under the age of 21 may qualify for 24 hours of private duty nursing through the Medicaid State Plan of services as long as duplication of services do not take place. For further information on Private Duty Nursing please see Chapter 517 of the State Medicaid Policy for further information.</p>
30	10/10/2015	Title of email: Waiver Changes	<u>NC</u>		Either the respite worker or the

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		<p>I am a respite provider and a Specialized Family Care Provider in the Wetzel County area. I have been in this business for 25 yrs. I have a man I provide services for every other weekend and another man that is my nephew. These guys are very special people to me. They are total care. This means that they cannot be left alone for even a few minutes because they know no danger. They truly do need this program. One is 52 and the other is 32. They are ADULTS. They are not children. They are not in school. They need every hr. of service provided to them by WV. If the changes go through they will be at home all the time because there will be no one to take them out into the community. One has aging parents and the other is in a 24 hr. care home. This one will be forced to take on a roommate and have one staff for two people. To me this would be a very dangerous situation as he has self injurious behaviors and can hit his head for hrs. at a time. If a staff is having to deal with two people at once this will not work. The other one gets upset if he cannot go out</p>			<p>person centered support worker may accompany the individual out in the community. There are 73.5 hours of support and supervision available to adults each week and additional 20 hours a week of Day Habilitation Services.</p> <p>Please note that individuals in a 24 hour care home are not eligible for respite services.</p>

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		<p>every day and his parents will not be able to do so. They are at an age where they have dr. appts. on a weekly basis. and cannot take him with them because he gets upset and will start hurting himself. These are GROWN men. They are hard to handle when these situations occur. I think the people are not asking for more. They would like for things to remain the same. It has worked in the past. They realize it is a GIFT to be on this program. So many are able to hold down jobs to provide for their family with the help of Respite Care. To take it away after all these years is devastating to all of them. What will they do?? Welfare? Isn't it all the same money? What help will it do to make these cuts and then force people to go on Welfare...they are not gaining anything. Some will be forced into giving up their children because they can't provide for them and then what? If you look at the numbers it will cost way more to provide institutional care than for them to be at home. "They" say WV is one of the most generous states in providing care for their disabled folks. They should be proud! But yet, they say it</p>			

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		<p>like it's a bad thing. I am not the only one that is employed by agencies and parents. There will be so many of us left without a choice. We will have to find other employment and that's not going to be easy at my age. Come on WV Let's take care of our own. Please vote for this audit and see what we can work out with DHHR. Someone should be held accountable for these changes that will affect so many of our loved ones. Thank you for your time</p>			
31	10/13/2015	<p>Title of email: Waiver Cuts:</p> <p>My daughter is a person with a disability if you cut her nursing I'm afraid her life will be in danger her nurse can monitor her and suction she is on a ventilator if she comes off she will die. My daughter is 24 hour care .At night my daughter has to have some one to turn her every 2hours to keep her from getting break downs ,she also needs suction, breathing treatments ,medications, and feeds by g-tube .If You cut the respite to 2.5 hours I will have to stay up all night with no help I feel sure she will die. Please think of this and Don't make these changes</p>	<u>NC</u>		<p>It has been determined that 5 hours of PCS is available for A CHILD UNDER THE AGE OF 18 and 8 hours of PCS a day is available for individuals over the age of 18. Respite's primary function is to give relief to the primary care giver or PCS Worker thus the 2 are non-interchangeable services.</p>

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32	10/14/2015	<p>Email from Pat Nisbet</p> <p>This was a mistake in the old manual, I never realized it and it got carried over so now is the time to correct:</p> <p>Code for PDGS is not T2021 SC, but is T2028 SC. Please correct. Thanks.</p>	<u>C</u>	<p>Code for PDGS has been corrected in the manual to:</p> <p>T2028 SC</p>	
33	10/14/2015	<p>Email Title: Comments on 2015 Title XIX I/DD Draft Manual on behalf of the WVAPBS Network:</p> <p>I would like to take this opportunity to thank BMS for allowing us to comment and provide our input, as a network, on the 2015 draft manual. The following are the WVAPBS Network's comments/recommendations:</p> <p>The WVAPBS Network recommends that the language for BSP II be changed to the language reflected below.</p> <p>513.3.1.2 Behavior Support Professional II (BSP II) Agency Staff</p> <p>Qualifications</p>	<u>C</u>	<p>513.3.1.2 Behavior Support Professional II (BSP II) Agency Staff</p> <p>Qualifications</p> <p>In addition to meeting all requirements for IDDW Staff in Sections 513.2 - 513.2.1, BSP II agency staff providing BSP services must meet at least one of the standards listed below.</p> <p>Be a Board Certified Behavior Analyst (BCBA) - Master's degree or Board Certified Behavior Analyst Doctoral Level (BCBA-D) – Doctoral</p>	

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		<p>In addition to meeting all requirements for IDDW Staff in Sections 513.2 - 513.2.1, BSP II agency staff providing BSP services must meet at least one of the standards listed below.</p> <ul style="list-style-type: none"> • Be a Board Certified Behavior Analyst (BCBA) - Master’s degree or Board Certified Behavior Analyst Doctoral Level (BCBA-D) – Doctoral degree and completion of either the WVAPBS facilitated Overview of Positive Behavior Support or the WVUCED Positive Behavior Support Direct Care Overview, three years professional experience working with individuals with IDD; or • Have a Master of Arts (MA) or Master of Science (MS) degree, three years professional experience working with individuals with IDD, and have a PBS Endorsement by a recognized APBS Network or PBS Board of Review; or • Have a Bachelor of Arts (BA), Bachelor of Science (BS) degree, 		<p>degree and completion of either the WVAPBS facilitated Overview of Positive Behavior Support or the WVUCED Positive Behavior Support Direct Care Overview, three years professional experience working with individuals with IDD; or Have a Master of Arts (MA) or Master of Science (MS) degree, three years professional experience working with individuals with IDD, and have a PBS Endorsement by a recognized APBS Network or PBS Board of Review; or</p> <p>Have a Bachelor of Arts (BA), Bachelor of Science (BS) degree, Board of Regents degree or BCaBA credential, three years professional experience working with individuals with IDD, and have a PBS Endorsement by a</p>	

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		<p>Board of Regents degree or BCaBA credential, three years professional experience working with individuals with IDD, and have a PBS Endorsement by a recognized APBS Network or a PBS Board of Review.</p> <p>For IPP services the BSP I and II must also meet those requirements listed in Section 513.8.</p> <p>In order to qualify to train others using an approved curriculum, an individual must meet one of the following four criteria:</p> <ul style="list-style-type: none"> • Be the developer of an approved training as indicated on the submitted application; or • Be able to provide documentation that certifies completion of an approved training course (though not necessarily the course for which they are the trainer); or • Be a Board Certified Behavior Analyst and have documentation certifying completion of the facilitated Overview of Positive Behavior Support 		<p>recognized APBS Network or a PBS Board of Review.</p> <p>For IPP services the BSP I and II must also meet those requirements listed in Section 513.8.</p> <p>In order to qualify to train others using an approved curriculum, an individual must meet one of the following four criteria: Be the developer of an approved training as indicated on the submitted application; or Be able to provide documentation that certifies completion of an approved training course (though not necessarily the course for which they are the trainer); or Be a Board Certified Behavior Analyst and have</p>	

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		<ul style="list-style-type: none"> • Be an Endorsed PBS Professional through a recognized APBS Network or Board of Review <p>Specifically, under qualifications for providing services, these recommendations differ from the original Waiver manual draft as follows :</p> <ul style="list-style-type: none"> • The first bullet regarding BCBA's in the original draft was fine, as is. • The second bullet regarding Master's level should include, "have a PBS Endorsement by a recognized APBS Network or PBS Board of Review" In adding this statement, the requirements for the completion of the approved curriculum and the Overview of PBS can be eliminated as these are redundant since they are required for PBS Endorsement. Three years experience is also required for PBS Endorsement but the experience is not specific to working with individuals with IDD. Therefore, it may be advisable to leave the three years professional experience working with 		<p>documentation certifying completion of the facilitated Overview of Positive Behavior Support</p> <p>Be an Endorsed PBS Professional through a recognized APBS Network or Board of Review</p>	

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		<p>individuals with IDD as a requirement.</p> <ul style="list-style-type: none"> The third bullet should have the requirements for the completion of the approved curriculum and Overview of PBS eliminated also as they are redundant. There was also a typo in the experience requirement that needed revised. <p>Specifically, under the qualifications for providing PBS training:</p> <ul style="list-style-type: none"> A fourth criteria should be added “Be an Endorsed PBS Professional through a recognized APBS Network or Board of Review “ Under the third criteria “or Assistant” should be eliminated. Since a BCaBA (Assistant) needs PBS Endorsement to provide PBS II services, they should also need PBS Endorsement to provide training. They would be covered in adding the fourth criteria. 			

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		<p>In addition, there is the potential for great confusion regarding the use of the term functional assessment throughout the Waiver manual. When referring to APS Healthcare assessments, it is recommended that the term functional assessment not be used to avoid confusion with a functional assessment or functional behavior assessment which is required for a Positive Behavior Support Plan. APS Healthcare assessments could instead be referred to as APS Healthcare assessments or some other clearly identifiable term (UMC Annual Assessments, for example).</p> <p>In addition, it is recommended that APS Healthcare assessments (or other clearly identifiable term) be included in a glossary with a clear definition and that Functional Assessment be included in a glossary with the following definition: Functional Assessment also known as Functional Behavior Assessment is a problem solving process which involves collecting information in order to develop a hypothesis regarding the variables that maintain and predict behaviors of concern.</p>			

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		<p>Functional behavior assessment includes indirect assessment methods and direct observation to determine the purpose or intent of the actions for the purpose of guiding intervention strategies. Functional assessment, also called functional behavior assessment, is an essential component in the development of a positive behavior support plan and the provision of PBS services.</p> <p>Again, we thank you for allowing the WVAPBS Network to provide input and make recommendations for the 2015 Draft Manual. Should you have any questions, please feel free to contact me.</p>			
34		<p>Email Title: IDD Waiver Changes</p> <p>Comments I am commenting as a grandmother with 2 granddaughters, both with autism and MMR. The changes proposed will severely affect my granddaughters. I see the stressful things everyday 24/7 what my granddaughters go through struggling with their disabilities and the challenge parents go through every day. It would be most</p>	<u>NC</u>		<p>This program is granted a finite amount of money to operate by the WV Legislature to which we add federal funding from the Centers for Medicare and Medicaid for a total of \$311 million dollars. Unfortunately, when we add the acute care cost in (this is whenever a member is hospitalized, goes to the</p>

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		<p>unfortunate for these children to cut funding for them. I think we should absolutely make cuts in other categories other than to our most vulnerable citizens with disabilities. After all, it's not their choice to have these disabilities. I think that we owe it to them for any type of services that could help our citizens with these disabilities. I cannot for the life of me know why anyone would even think about cutting funds to these individuals. Too many other areas to cut but this. As quoted in your article, these comments will not keep this cut from happening, but thought I would comment anyway. I ask you now to ask yourself, how you feel about making these cuts for our most vulnerable citizens.</p>			<p>doctor, get s prescriptions, etc.), then the amount of money spent on this program last year was \$354 million. As you can see, this is well over the amount allotted so changes had to occur.</p>
35	10/20/2015	<p>PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments</p> <ul style="list-style-type: none"> The agency staff training requirements that are new: (1) training on Direct-Care Ethics for Direct Support Professionals and (2) Completion of the facilitated 	<u>NC</u>		<p>Both of these trainings (Direct-Care Ethics for Direct Support Professionals and Completion of the facilitated WV APBS Overview of Positive Behavior Support or the WVUCED Positive Behavior Support Direct Care Overview) are new requirements for Direct</p>

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		<p>WV APBS Overview of Positive Behavior Support or the WVUCED Positive Behavior Support Direct Care Overview.</p> <p>The first is obviously a requirement for DSP, is the second just a requirement for NCDSP as well? There are two options given, the second option lends me to believe that this is a DSP requirement only.</p>			Support Staff.
36	10/20/2015	<p>PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments</p> <ul style="list-style-type: none"> • Training on person-specific crisis plans/emergency disaster plans and training on person-specific needs...is this still directed to DSP as was the case in the past? 	<u>NC</u>		It is directed towards all agency staff.
37	10/20/2015	<p>PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments</p> <ul style="list-style-type: none"> • Page 12, 4th bullet point, currently states: "Service Coordinators are also required to receive initial and 	<u>NC</u>		The service coordinators are required to have the training initially and annually on Conflict Free Service. It is the responsibility of the Service Coordination agency to have a

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		annual training in Conflict Free Service Coordination.” I believe this statement should include the same language used on page 10 (last bullet) when describing Service Coordination policies and procedures. It should instead be... “Service Coordinators (if agency is providing Service Coordination and other services) are also required to receive initial and annual training in Conflict Free Service Coordination.”			process for investigating reports on conflict of interest, a process to report to BMS and a process for complaints to professional licensing boards for ethic violations.
38	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 12, Conflict of Interest...the language used is confusing and I think more elaboration is necessary. Especially in regards to how an SC would be violating the policy and how an agency would be violating the policy and the repercussions for each. Also, the language in regards to what the policy actually is could be clearer. 	<u>NC</u>		This information would be fleshed out in each agency’s policies on Conflict Free Service Coordination. The UMC will examine these policies during the on-site reviews or if a complaint is received by BMS or the UMC.

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39	10/20/2015	<p>PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments</p> <ul style="list-style-type: none"> Page 14, top of page..."All provisional employees shall receive direct on-site supervision by the hiring entity until an eligible fitness determination is received." This is fairly vague and could be interpreted many ways. My interpretation is that until the results of fingerprinting come back, any staff hired has to have someone supervising them at all times. This seems unrealistic given that it may take up to 60 days to get a response from WV CARES. So a Service Coordinator could not complete any of their job duties in the community, at IDT meetings, or in the office unless there is someone there to supervise them? Staffing ratios will have to be increased so that a staff can be supervised? What about 1:1 staff settings? Agencies 	NC		The turnaround time with the WV CARES is 48 hours or less due to the secure network between the WV State Police and the WV CARES.

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		currently provide training for all staff, but I don't believe it is fiscally possible to hire someone and train them for 2 months without being able to bill.			
40	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 29, 513.6 Applicant Eligibility and Enrollment Process, 3rd bullet..."be able to provide proof of residency upon application." Please expand to include what would be considered acceptable proof of residency. 	<u>NC</u>		Proof of residency would be utility bills in the parent or member's name, a driver's license issued by the state of West Virginia, etc.
41	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 30, middle of page..."If an applicant is <i>denied</i> medical eligibility by the MECA, a funded IDDW slot is available, and financial eligibility is established, then the applicant is enrolled into the Waiver program." Should be... If an applicant is <i>determined to be</i> 	<u>D</u>		See Question 25

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		<i>medically eligible</i> by the MECA, a funded IDDW slot is available, and financial eligibility is established, then the applicant is enrolled into the Waiver program.”			
42	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Pages 37-38, list of required components of the IPP. The APS Healthcare budget is not listed. Does the participant-directed spending plan NEED to be attached? Often this doesn't get completed until well after the meeting has been held and are quite difficult to even obtain and provide little useful information. May want to consider reorganize the list so that it follows how the IPP is actually organized. 	<u>NC</u>		The individualized assessed budget is sent to the member/legal representative at least 30 days prior to the annual IDT meeting to develop the IPP. A copy is also attached in the UMC portal so there should be reason the Service Coordinator cannot attach this to the IPP.
43	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 39, first full paragraph, budget cost of planned services...is 	<u>NC</u>		Each agency is required to have utilization guidelines (Section 513.2.3.7) to keep track of planned and used services. The spending plan

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		this the APS budget or the excel worksheet? Again, could the self-directed spending plan be deleted as a requirement for the IPP?			needs to remain a requirement.
44	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 39, middle of page..."All Medley Class Members must have IDT meetings every quarter..." I was told by the previous advocates (EMSTSN) that the Medley manual requires 4 meetings per year, not necessarily quarterly. This saved teams from having unnecessary meetings, for example, if a critical juncture occurred and the IDT met on August 5 and then had to meet again September 5 just because it was time for the quarterly, but wasn't really needed because they had just met 30 days ago. 	<u>NC</u>		BMS verified with WV Advocates, the contracted agency to provide Medley services, that quarterly meetings are still required.
45	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 39, 513.8.1. Halfway 	<u>NC</u>		Direct Care services are necessary to assure the health and safety of the individual, especially in ISS and Group

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		through the paragraph, it states that all direct support services must be purchased first to ensure health and safety and then directs the order of importance for purchasing those services. Service Coordination is a REQUIRED service. How are professional services to be purchased if health and safety needs must be met through the use of direct care services and then no money is left in the budget?			Home settings to ensure that individuals are not left alone. After DCS are purchased, then professional services should be purchased. Too often, professional services are purchased at the maximum limits, not leaving enough direct care support units to actually support the person in their home.
46	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 42, first paragraph, last sentence. Same comment as made above for frequency of IDT meetings for Medley Class Members. 	<u>D</u>		See answer #44.
47	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 43, the example given in the 2nd half of the page should read 	<u>C</u>	This paragraph has been deleted	

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		“...4 hours/day of Home-Based Person-Centered support, 4,000 units per year of Traditional Transportation: Miles and 365 units/month or year of respite.”			
48	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 44, 2nd paragraph from the bottom: “Since only the six services mentioned above may be participant-directed, the full array of services is not available to those who choose the Participant Directed Service Option via the Traditional Service Option.” This sentence is super confusing. I’m not sure what is trying to be communicated here. The same confusing language is used on Page 42, last paragraph. 	<u>C</u>	This paragraph has been removed and the sentence” It is required that Service Coordination be accessed through the Traditional Service Option by all persons who receive services.” has been added to the paragraph above	
49	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 45, the example in the first full paragraph needs to denote 	<u>C</u>	This paragraph has been deleted	

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		frequency of the service amounts, i.e. per day, per month, per year.			
50	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 50, Limitations/Caps, 6th bullet "...another BSP or TC..." TC needs deleted. 	<u>C</u>	TC has been deleted from this bullet.	
51	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 59, 3rd bullet, 2nd to last word: annual should be annually. 	<u>C</u>	This has been changed to annually.	
52	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 71, Limitations/Caps, the last bullet allows for billing every 3 months for training staff. No other service has this allowance. 	<u>C</u>	This bullet was in error and has been removed.	
53	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 73, under the limitations for goods and services, illegal drugs or 	<u>C</u>	The "or" has been replaced by "and".	

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		alcohol is listed. Should this just read drugs and alcohol instead?			
54	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 80, 2nd to last bullet under the limitations/cap for Home-Based Agency PCS: this bullet point discussing what family members are excluded from providing this service; however, it describes that they are unable to do so in an Unlicensed Residential Setting. 	<u>C</u>	This bullet has been deleted. The 9 th bullet in the Limitations/Caps section states that “Direct Support Professionals providing Home-Based PCS services may not live in the home of the person receiving services”.	
55	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 80, last bullet under the limitations/caps: PCS: Agency needs changed to Home-Based Agency PCS. 	<u>C</u>	This change has been made.	
56	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Is there any specific reason the 	<u>NC</u>		Yes, so that the agency providing services is easily identified on documentation.

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		Service Coordination Agency name continues to be a requirement for Direct Care Services documentation?			
57	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 81, both the last and the 3rd to last paragraph repeat the same information for participating in functional assessments and attending/participating in IDTs. Repetitive. 	<u>C</u>	The last paragraph has been deleted	
58	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 83 last paragraph and Page 84 second paragraph repeat the same information for participating in functional assessments and attending/participating in IDTs. Repetitive. 	<u>C</u>	The last paragraph has been deleted.	
59	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments	<u>C</u>	The last paragraph has been deleted.	

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		<ul style="list-style-type: none"> Page 86, both the last and the 2nd and 4th paragraph repeat the same information for participating in functional assessments and attending/participating in IDTs. Repetitive. 			
60	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> In-Home Respite and Out-of- Home Respite Site of Service is confusing. In-Home Respite can be billed at a Day Program and in the community? How is Day Program or the community In-Home? Both In-Home and Out-of-Home Respite can be billed for community locations? There is overlap in location of service which is confusing when determining which service should be billed. 	<u>C</u>	Facility Based Day Habilitation has been removed as a site of service for In-Home Respite.	
61	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 98, first paragraph, last 	<u>C</u>	This has been changed from “just” to “must”.	

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		sentence, the last sentence is out of place for what is being described. The sentence itself has a typo, “just” should be “must”.			
62	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 99, 15th bullet, requires SC to check financial eligibility at the home visit. This is no longer possible due to the Medicaid card is not issued monthly, unless you will accept verbal verification. 	<u>C</u>	The service coordinator should call BMS’ Fiscal Agent monthly to check the financial eligibility of the member.	
63	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 101, 2nd bullet from the bottom, SC cannot be billed if a home visit did not occur that month. Will exceptions still be approved by APS Healthcare? 	<u>NC</u>		Yes, the UMC will continue to approve exceptions that meet the criteria.
64	10/20/2015	PAIS Independent Service Coordination I/DD Waiver Manual Draft Comments <ul style="list-style-type: none"> Page 102, the IDD-9 must be 	<u>NC</u>		The UMC will still need to approve all services. Many times we have found that LPN services are being utilized instead of AMAP services.

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		submitted to the UMC for prior authorization of LPN services. Why is this requirement changing? It used to be only if it exceeded 2 hours per day. With the additional requirement the direct care services (PCS, PreVoc, etc.) cannot be billed the same time as a LPN ever, this seems like an unnecessary requirement given that other requirements make it extremely unlikely for abuse to occur.			
65	10/20/2015	Title of email: There should not be this type of worry placed on the families that take care of people with disabilities.	<u>NC</u>		There is not enough information in this comment to warrant a response.
66	10/20/2015	Title of email: This will be a huge mistake! Please reconsider!!!	<u>NC</u>		There is not enough information in this comment to warrant a response.
67	10/22/15	Title of email: Typo Manual, pg 98, first para of 513.19.1, next to last line..."just" should be "must."	<u>D</u>		See question 61
68	10/22/15	Title of email: What Am I Doing Wrong I'm looking at Electronic Monitoring – pg	<u>C</u>	This was an error, the maximum units of service have been decreased to 5,840	

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		61 of the Manual. Pg 60 says a unit = 1 hr. That makes it look like agency sites can have 64 hrs/day (23,360 units yearly, divided by 365) and family homes 32 hrs/day?		which is 16 hours per day. A unit equals one hour.	
69	10/22/15	Title of email: Comments to 2015 Manual (Prester) P. 10 SC Conflict of Interest Who will approve Education for the SCs?	<u>NC</u>		Human Services Field Degree is defined in the Glossary.
70	10/22/15	Title of email: Comments to 2015 Manual (Prester) P. 10 SC Conflict of Interest Who determines if a violation has occurred?	<u>NC</u>		Each agency must have policies and procedures in place. The UMC will review this on site reviews and if a complaint is received. If a complaint is received, then the UMC in conjunction with BMS will determine if the agency's policy has been violated.
71	10/22/15	Title of email: Comments to 2015 Manual (Prester) P. 10 SC Conflict of Interest Who will develop the Statement for SCs to sign?	<u>NC</u>		See answer 71.
72	10/22/15	Title of email: Comments to 2015 Manual	<u>NC</u>		The qualifications for BSP I

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		(Prester) P. 21 BSP I What will be the time frame to get BSPs trained?			go into effect on 12/1/15 and it is the agency's responsibility to employ qualified staff.
73	10/22/15	Title of email: Comments to 2015 Manual (Prester) P. 64 FBDH Are agencies to assume members who will not qualify for Supported Employment Services will receive a budget that will allow for 1:1 services in their homes during the time they would have been in Day Hab?	<u>NC</u>		No agencies are not to assume that. Members who reside in ISS or Group Homes will have coverage built into their budgets. Adults residing in Natural Family Homes will rely on natural supports and other community programs.
74	10/22/15	Title of email: Comments to 2015 Manual (Prester) P. 103 LPN If LPN services are authorized in combination with all other direct care services, how do we bill when an LPN comes on site to pass meds?	<u>NC</u>		No more than 24 hours of day of direct care or day services may be billed for individuals residing in ISS or Group Homes. Each agency providing these services must determine how to most effectively deploy their staff.
75	10/23/15	Title of email: Change in a modifier for Unlicensed Residential PCS Personal Options The code for Unlicensed Residential PCS Personal Options for the IDDW will be S5125 UD	<u>C</u>	The code for Unlicensed Residential PCS Personal Options for the IDDW will be S5125 UD	
76	10/22/15	Title of Email: New changes in waiver	<u>NC</u>		The Person-Centered Support

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		<p>manual</p> <p>As a parent of a handicapped son, I am really concerned about the changes that are about to take place. My respite will be reduced to 17.5 hours a week, that is not enough time for me to mow my lawn and get to grocery store. There is already not enough transportation to cover half of the needed trips, we live 24 miles from the closest town, and if they expect my son to have some kind of vocational skills, will not cover even one week. My son along with being a very low functioning autistic adult, has frequent grand mal seizures, how he is supposed to hold down a job? We have to monitor him 24 hours a day to make sure he doesn't injure himself when he has seizures. I would think the government would be trying to find ways to make their lives a little better, not make every day as miserable as they can. With the cut backs they are making, I cannot financially survive, and with no other way to provide care for my son, not sure what I am going to do, or any other family, for that matter with a handicapped loved one that they care for.</p>			<p>hours available to your son may also be used when you need to grocery shop and cut grass. If you exceed the transportation miles allotted (800 per month), then you should consider using the Non-Emergency Medical Transportation program to assist you in transporting your son to and from medical appointments.</p>

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77	10/25/15	<p>Title of Email: IDD Waiver</p> <p>The allowable caps for PCS 35 and Respite 17.5 should be allowed to be used by parents how we see fit. This is not a cost saving measure to not allow this! Actually parents who use PPL are saving the program funds VS parents with agencies when the agency gets \$20.04 an hour reimbursement. If is about saving costs then parents with PPL are already saving the state funds. This is something that can be changed per the manual and not affect by the approval by CMS of the 5 year plan. 513.17.1.2</p> <p>Why give my son such a huge budget if he can only use 1/3 of it and then deny a medically fragile child extra funds?</p> <p>This is why an audit is requested by parents. Where are the funds going that are meant to care for our disabled children?!!!!</p>	<u>D</u>		
78	10/25/15	<p>Title of Email: I/DD waiver</p> <p>The caps for PCS 35 and Respite 17.5</p>	<u>D</u>		

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		<p>should be allowed to be used by parents how we see fit. Parents who use PPL are saving the program funds VS parents with agencies who the agency gets over \$20.04 reimbursement. This IS something that can be changed per the manual and not affect the approval by CMS of the 5 year plan. 513.17.1.2.</p> <p>Be thoughtful of the participants of these programs and what these changes will mean to their quality of life!!!!</p>			
79	10/25/2015	<p>Title of Email: I/DD Waiver Changes To Whom It May Concern:</p> <p>The recent approval of WV I/DD Waiver changes by BMS is detrimental to WVs most vulnerable citizens. A human service field does not have room for parsimonious program managers, and cutting services is not the best cost saving strategy. Actually, cutting services is not directly related to the claim of monetary issues at all!</p> <p>Because money is the poor excuse given for cutting services, why not save money by cutting the pay rate of those who</p>	<u>D</u>		

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		<p>provide care? Cutting services to the WV citizens who have access to this program is not the answer to monetary dilemmas, clearly proving that program managers are mishandling the very intention of this program as well as the money that goes to provide such care. Continually ignoring the fact that money has been mismanaged for years--decades, not at the fault of the recipients on this program, also proves that the consequences of such action are misplaced.</p> <p>The intention of this program is to provide the very services that are being cut. Instead of cutting the lifeline of so many people, figure out a way to continue to provide the services so many people need, deserve, and have come to rely on. This bureaucratic decision is disgusting, and WV is better than that. This program is [supposed to be] based on individual need, but the limits and caps across the board very much shove everyone into a sameness category!</p> <p>The restrictions now placed on the recipients of this program are going to</p>			

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		<p>inhibit each person from living the life he/she deserves, limit the reaching of his/her truest potential, and erase the possibility of living a life of fulfillment. Such restrictions are a violation to these citizens, especially to those who have already lived in an institutional setting where for years upon years their rights were violated. Not only were WV citizens abused in those institutions, but were over medicated; and one of my charges, NAME REMOVED, now suffers life threatening diseases such as liver disease and Parkinson's disease, resulting in the need for extensive in-home and respite care. Care that is now cut because those who have decision making power are too clueless to realize the trickle down affect these cuts have on recipients they don't know anything about(now or thirty years ago)!</p> <p>One doesn't need money to reach full potential, but intellectually and developmentally disabled citizens do need support, and that support comes in the form of services. According to Abraham</p>			

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		<p>Maslow, higher -order needs such as love and belongingness are desired by all people as human motivation in seeking fulfillment. If you had ever witnessed NAME REMOVED (one of my charges) open one of his \$5.52 paychecks, you'd know every two weeks he celebrates in that sense of belongingness by going to work every day, a day program that he almost lost entirely this month, but will have to give up once he reaches the limitation put into affect by people who have no idea that the workshop is what gives him purpose.</p> <p>Stop limiting the potential of these folks!</p>			
80	10/22/15	<p>Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council Comments on Chapter 513 (IDDW Manual) Draft (revised (10/1/2015) (Comments 80 - 107)</p> <p>We realize that CMS has approved the Application for the new Waiver, but the Council still has serious concerns about the cuts being made to this program and its effects on individuals with developmental disabilities and their families. We also</p>	<u>NC</u>		<p>Although the staff qualifications are the same as other direct care staff, the activities allowed under Pre-Vocational services are very different from Facility Based Day Habilitation. Agency Providers must hire qualified staff to perform the job duties and it is expected that provider agencies will have training appropriate to the job.</p>

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		<p>have comments on apparent new policy to be implemented through this draft Manual. They are generally listed in the order in which they appear in the posted document.</p> <p>For the past few years, the Council has had a Workgroup on issues related to the lack of employment of people with developmental disabilities. Some of those Members and Council staff participated in a workgroup of the Quality Improvement Advisory (QIA) Council to the Bureau for Medical Services, where many suggestions for additions to the Waiver program were offered. It is disappointing to see that very few of those suggestions have been included in this Manual.</p> <p>While Pre-Vocational services were added to the program, 513.3.9 Pre-Vocational Agency Staff Qualifications (p 23) indicates that no new qualifications for staff are being required. There are numerous potential benefits to pre-vocational services for individuals with developmental disabilities, and the various components of this require knowledgeable</p>			

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		staff to carry them out.			
81	10/22/2015	Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 – 107) Likewise, there are no new, relevant requirements in 513.3.5 Job Development Agency Staff Qualifications (p 22) or 513.3.16 Supported Employment Agency Staff Qualifications (p 25). Later in the Manual, there are allusions to extra qualifications needed for these two.	<u>NC</u>		Job Development: See above
82	10/22/2015	Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 – 107) The section 513.8 Individual Program Plan (IPP) (p 37) now states, “The person who receives services must attend the IPP.” This is a change in policy. The current Manual requires the member to attend if they are their own legal representative, and if they are medically and behaviorally able. There must be a means of making rare exceptions for the well-being of some people.	<u>NC</u>		IPP Rare exceptions may be made on a case by case basis. It is expected that these exceptions will be made based on medical conditions.

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83	10/22/2015	Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 – 107) Section 513.8.1 The Interdisciplinary Team (IDT) (p 39) now lists an “order of importance” in which services must be prioritized and purchased: “Person-Centered Supports, Facility-Based Day Habilitation, Pre-Vocational, Job Development, Supported Employment, Electronic Monitoring, LPN services, and Respite Services.” What are the implications? Does the State value Facility-Based Day services or Electronic Monitoring, for example, over Respite services? How will this affect access to Respite services – an ESSENTIAL service to the person and his/her family caregivers?	<u>NC</u>		IDT – The implications are that individuals will have staff coverage in his/her home. We have provided a hierarchy of services to choose from and it is expected that the IDT will choose the most appropriate array of direct care services first before purchasing professional services to assure the health, safety, and welfare of each individual.
84	10/22/2015	Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 – 107) 513.9.2 Participant-Directed Service	<u>C</u>	Participant-Directed Services Option - The costs/fees are for the Criminal Investigation Background Check, CPR and First Aid for QSWs. The cost	

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		Option (p 48), No. 11, requires the Personal Options FMS to explain all costs/fees associated with participant-directing to the person who receives services. What are the costs/fees? They do not appear to be listed in this Manual.		for the FMS does not come out of the individual's budget.	
85	10/22/2015	Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 – 107) While the Council remains generally opposed to the use of 513.13 Electronic Monitoring (p 61), it needs to be pointed out that these hours are in combination with all other hours of service. Therefore, if agencies and/or families bill the maximum allowable (12 or 8 hrs/day) of needed services, this service will not be available to them.	<u>NC</u>		The manual already reflects that this is a combination service.
86	10/22/2015	Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 – 107) It seems extreme to require people to include the “specific item requested” under 513.14 Environmental Accessibility Adaptations (pp 61-62) in the IPP. Since	<u>NC</u>		Environmental Accessibility Adaptations – The actual item must be noted on the IPP. If the actual item is not identified at that time, then it may be added at a later date, however, enough money must be available in the individual

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		IPPs must be developed early for the year, an individual may know they will be looking for a home or vehicle adaptation but may not know the “specific” adaptation that will be available to meet their needs. Acknowledging the need and intent so that monies can be budgeted should suffice. To hold additional meetings to amend the IPP for this purpose adds unnecessary cost and inconvenience. The “specific” adaptation must be approved by the UMC prior to purchase anyway.			assessed budget must be available unless there has been a documented change in need that occurred after the annual IPP. There does not have to be physical meeting help, rather, the SC can poll team members and obtain approval.
87	10/22/2015	Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 – 107) The Council wholeheartedly supports the new Federal Home and Community Based Services (HCBS) integration rule which is causing the State to transition from 513.15.1 Facility-Based Day Habilitation (pp 63-65), but it must be acknowledged that not all people will be able to transfer to more employment related services (pre-vocational, job development, or supported employment). Yet, unless they access those services they will only be able to	<u>NC</u>		Integrated Rule Setting. Adults may access more than 8 hours of direct care service through Facility Based Day Habilitation, PreVocational, Job Development and Supported Employment.

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		<p>access 8 hours of services per day. Those who can access those services will have 12 hours of services per day available to them. There needs to be a means of increasing the hours of person-centered support services for those who will no longer have another service available to them. People with the most severe levels of impairment and those who have attended segregated services for many years are at the greatest need in this regard.</p> <p>A few such people may be able to transition from day habilitation to pre-vocational services since it appears they will be offered in the same day program facilities. Still, this service is time limited to two years.</p>			
88	10/22/2015	<p>Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 - 107)</p> <p>Since 513.15.2 Pre-Vocational (pp65-66) services will be offered in the same settings as Facility-Based Day Habilitation, and since they can potentially be offered concurrently (some people may wish to</p>	<u>NC</u>		PreVocational – As stated above the goals and activities for Facility Based Day Habilitation and PreVocational are very different, thus any agency provider that wishes to provide both services must offer then in separate parts of the same building or in a

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		access this service now, rather than wait three years), how will this be accomplished? Will there be a division of space and staff? Currently, it is often very hard to tell if those served in day habilitation settings have individualized goals. Will it be possible to distinguish the difference between the two services, and from individual to individual?			separate facility. Both programs must adhere to the CMS Integrated Setting Rule.
89	10/22/2015	<p>Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 – 107)</p> <p>It is stated that 513.15.3 Job Development (pp 67-68) services can also be offered in a Facility-Based Day Habilitation setting, so the same questions as above apply. More importantly, how can true job development be provided in such a setting?</p> <p>It is encouraging to see documented training or experience in the implementation of Supported Employment plans of instruction will be required for those staff providing job development services and/or 513.15.4 Supported Employment (p 70) services, although</p>	C	Job Development must occur in the local public community. The site of this service has been corrected.	

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		there is no mention of what this training entails, from whence it comes, or by whom it will be provided. In 513.3.5 and 513.3.16 of this Manual, specific information regarding acceptable training should be stated as it is for other services. It is also unclear as to what knowledge and skills agency appointed Supported Employment Services supervisors or Behavior Support Professionals would have related to job development or supported employment services.			
90	10/22/2015	<p>Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 – 107)</p> <p>The exclusion list for 513.16 Goods and Services (pp 72-73) in the Application is much longer than the list in the Manual. Which is it? Still, the list is long. It might have been easier to make a list of what could be covered. Clothing is excluded, but some individuals may need adapted clothing that is “related to their qualifying disability.” The costs for “specialized” clothing, etc., can be much greater than comparable clothing that is not adaptive.</p>	<u>C</u>	<p>90 - C- Goods and Services – The manual has been modified to include the following list of items that may not be purchased with PDGS:</p> <ul style="list-style-type: none"> • The following represents non-permissible Goods and Services: <ul style="list-style-type: none"> ○ Goods, services and supports available through another source; ○ Goods, services or supports provided 	

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		<p>The Application specifically excludes computers and communication devices for anyone under the age of 21 and allows only when prescribed by a speech therapist for those over 21. Language development and acquisition, and/or an alternate means of communicating is particularly important for children. Both items can meet the test of “promoting full community inclusion” and possibly “increasing a person’s safety in the home environment.”</p> <p>When this service was first added as an option an example given was a gym membership for both the health and social integration/relationship building opportunities it could provide. Why then, would summer camp be excluded for children, especially if the camp is inclusive? Again, this is an example from the Application not listed in the Manual.</p>		<p>to or benefiting persons other than the person who receives services;</p> <ul style="list-style-type: none"> ○ Room and board; ○ Personal items and services not related to the qualifying disability; ○ Gifts for workers/family/friends, payments to someone to serve as a representative, ○ Clothing, food(including nutritional supplements) and beverages; ○ Appliances that are not adapted/modified; ○ Air purifiers, humidifiers or air conditioners unless individual has a documented respiratory/allergy 	

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				<ul style="list-style-type: none"> ○ condition or diagnosis; ○ Electronic entertainment equipment; ○ Utility payments; ○ Generators unless used for medical equipment only (cannot be for the entire house); ○ Swimming pools, hot tubs and spas or any accessories, repairs or supplies for these items; ○ Railings for decks and porches; ○ Outdoor recreational equipment unless specifically adapted for the individual's needs; ○ Costs associated with travel; ○ Household furnishings such as comforters, 	

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				<ul style="list-style-type: none"> linens, drapes and furniture; ○ Furniture unless it is a lift chair for someone with mobility issues; ○ Vehicle expenses including running boards, routine maintenance and repairs, insurance and gas money; ○ Medications, vitamins and herbal supplements; ○ Illegal drugs or alcohol; ○ Experimental or investigational treatments; ○ Computers, monitors; ○ Communication devices/tablets for children under the age of 21; ○ Communication devices/tablets for adults over the 	

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				<ul style="list-style-type: none"> age of 21 unless specifically recommended by a licensed speech therapist; ○ Computer software; ○ Fax machines; ○ Copiers; ○ Scanners; ○ Printers or ink cartridges; ○ Landline telephones or cell phones; ○ Car seats and strollers that do not require modifications; ○ Monthly internet service; ○ Yard work; ○ Household cleaning supplies; ○ Home maintenance including paint and replacement of flooring, appliances, doors, 	

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				furnaces, hot water tank, roof and windows (unless the item needs modified such as a window that is large enough for an adult to use to exit in case of a fire); <ul style="list-style-type: none"> ○ Fences, gates, half-doors; ○ Driveway or walk way repairs or supplies unless specifically to exit or enter home to and from vehicle; ○ Covered awnings; ○ Pet/Pet care including service animals, veterinary bills, food and training; ○ Respite and/or Direct Care Services (Person-Centered Support, LPN, Supported Employment, 	

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				<ul style="list-style-type: none"> ○ Facility-based Day Habilitation, etc.) services; ○ Spa services; ○ Public Education or items needed for public educational purposes; ○ Personal hygiene items; ○ Summer Camps; ○ Day care; ○ Discretionary cash; and ○ Home alarm and monitoring systems. <ul style="list-style-type: none"> ● PDGS is not intended to replace the responsibility of the person who receives services, their family, or their landlord for routine maintenance and upkeep of the home. These include but are not limited to cleaning, painting, repair/replacement of roof, windows or flooring, 	

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				structural repairs, air conditioning and heating, plumbing and electrical maintenance, fences, security systems, adaptations that add to the square footage of the home except when necessary to complete an approved adaptation, (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).	
91	10/22/2015	Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 - 107) Limitations/Caps for 513.17.1 Family Person-Centered Support (pp 73-78) indicate that the amount of service is limited by the individualized budget of the individual, however, we regularly hear from families that they have been assigned a budget that they cannot access due to the caps on services (particularly for children).	<u>NC</u>		Family PCS– the reason in the past that an individual under 21 was assigned a larger budget that utilized was due to money being targeted for LPN services and the family chose not to utilize this service. It is expected with the removal of LPN services for children that these larger budgets will not be assigned any longer.
92	10/22/2015	Title of Email: IDDW Draft Manual	<u>NC</u>		The maximum hours of PCS

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		<p>Comments WV Developmental Disabilities Council (Comments 80 - 107)</p> <p>Although the Application with the drastic restriction in hours (particularly for children) was approved by CMS, the Council continues to disagree with this cap in services. The Application originally allowed for 4 hours of services on school days and 6 hours of services on non-school days. Changing the allowable services to 5 hours of services is not an increase. Rather, it is the average of the original plan.</p>			<p>for children under the age of 18 will remain at 5 hours per day, average, with an annual amount. This means that if the individual needs to use more one day, they will just need to use less another day.</p>
93	10/22/2015	<p>Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 - 107)</p> <p>The Council disagrees with the blanket exclusion of PCS Family services provided by natural family members for hospitalized individuals “when behavioral needs of the person who receives services arise due to the temporary to change in environment.” This should be available as it is for persons who reside in other settings.</p>	<u>NC</u>		<p>94 NC – Using Respite hours towards Person-Centered Support – This will not be changed as CMS has informed us that the purpose of Respite is to give the primary caregiver a break from the stress of providing care to the individual, then it is not appropriate to use those hours to work even more hours.</p>

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94	10/22/2015	<p>Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 - 107)</p> <p>The limitation not allowing the equivalent monetary value of Respite Services to be converted to needed 513.17.1.2 Family Person-Centered Support (Personal Options Model) (pp76-77) services does not fit with the participant-directed model of services. True participant direction allows participants to spend their budget on services as they see fit. Since the rates for both services are the same, it does not appear to be a cost saving matter.</p>	<u>NC</u>		Using Respite hours towards Person-Centered Support – This will not be changed as CMS has informed us that the purpose of Respite is to give the primary caregiver a break from the stress of providing care to the individual, then it is not appropriate to use those hours to work even more hours.
95	10/22/2015	<p>Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 - 107)</p> <p>The cuts in PCS and Respite Services have caused many family members to tell us they will be unable to remain employed. Already, in planning forums the Council has been holding across the State, we have heard families who are employed outside the home express their concerns for their jobs. One State employee relayed to us</p>	<u>NC</u>		There are 42.5hours available (combination PCS and Respite) are available for children under the age of 18 and 73.5 hours of direct care service (PCS and Respite) are available for those individuals over the age of 18. If that individual wishes to participate in Day Services (FBDH, PreVoc, Job Dev. Or Supported Employment), then

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		<p>that, upon informing his supervisor that he would need to cut back on traveling since he is a single parent who supports his son, he was told that he would need to “figure it out” since that was his job. If State agencies do not understand the conundrum faced by families there is no reason to think private employers will be more sympathetic.</p> <p>As the Council stated in comments on the Application, for those who have already given up work outside the home in order to care for a family member, this constitutes a cut in income that has helped them to support their families. We continue to believe these cuts will potentially have negative impacts throughout the systems in the state that are designed to support those with low incomes – Medicaid, TANF, SNAP, and other services.</p> <p>Here again, the Council disagrees with the blanket exclusion of PCS Family services by natural family members for hospitalized individuals “when behavioral needs of the person who receives services arise due to</p>			<p>an additional 20 hours per week would be available to individuals over 18.</p> <p>Also see Comments #90, 92, 93</p>

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		<p>the temporary to change in environment.” This should be available as it is for persons who reside in other settings.</p> <p>And once more, the Council disagrees with the limitation on services in 513.17.2 Home-Based Agency Person-Centered Support (Traditional Option) (pp 78-80) for hospitalized individuals “when behavioral needs of the person who receives services arise due to the temporary to change in environment” to be available for people who live in Specialized Family Care Homes, Unlicensed Residential Homes, and Licensed Group Homes, but not to natural family members. The needs of the individual are not different based on their residence in this regard.</p> <p>The Council is also concerned that the reduction of PCS for children to 5 hours/day may make it impossible to find staff that is willing to take a reduction in work hours. Has the State considered the possibilities of unemployment facing direct support staff who will no longer have a full</p>			

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		<p>time job?</p> <p>In 513.17.4 Unlicensed Residential Person-Centered Support (pp 83-87) (the new name for ISSs), any 1:1 service over 12 hours/day must receive BMS approval. The meaning of the statement, “Approval of this level of service will be based on demonstration of assessed need not on a particular residential setting” is unclear.</p>			
96	10/22/2015	<p>Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 – 107)</p> <p>During the Council’s forums, families have reported that they have made long-range life plans for their family members (as is typically recommended by State and provider agency personnel) which are now in jeopardy due to the arbitrary changes to this program. How are families to plan for the future when the criteria for the program that supports their loved one is not dependable?</p>	<u>NC</u>		<p>Family’s long-range plans for family member – Frequently families do leave the member to live for a life-time estate or the property is left in the individual’s name, however, this does not mandate Medicaid to pay for 24 hour services for the individual. If there are not additional monies available to pay for staffing, repairs, insurance, etc., it is not recommended that parents not plan on Medicaid providing everything their family member needs when doing estate planning.</p>

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97	10/22/2015	<p>Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 - 107)</p> <p>The statement that PCS is not available in a hospital setting is missing from Unlicensed Residential Person-Centered Support (Traditional Option) but is included again in Unlicensed Residential Person-Centered Support (Personal Options Model). Again, the Council disagrees with this limitation and believes the availability of this support should not be determined by the setting or service delivery model.</p>	<u>C</u>	The statement that PCS is not available in a hospital setting is missing from Unlicensed Residential PCS (Traditional Option) but is included again in Unlicensed Residential PCS (Personal Options Model). This has been corrected.	
98	10/22/2015	<p>Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 - 107)</p> <p>While the Council is pleased to see that other services may now be accessed on the days that 513.18.1 In-Home Respite (pp 90-94) services are provided, it still strongly disagrees with the 47% decrease in the allowable limits. This is an improvement over the original 58% proposed cut, but does not allow families</p>	<u>NC</u>		The limitations on respite hours will not be changed.

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		<p>who may need more hours to receive them.</p> <p>At least as far back as the early 1990s, the importance of this service has been recognized and the limit has been 144 hours per month. It has now been reduced to 76 hours per month. The BMS report IDDW FY2014 Final Expenditures by Service indicates less than half the individuals served by the program accessed Respite (not including Crisis Respite), and the expense equaled about 8% of the entire expenditures (Agency Respite – 7%, Personal Options Respite – 1%). This verifies the Council’s continual remarks that many families simply cannot find appropriate people to provide this service. The new reduced limit will likely make it even more difficult to find people interested in providing this service.</p> <p>Even for families who try to access Respite Services in order to maintain employment for themselves, a cap of 4 hours PCS and 2.5 hours of Respite Services each day does not allow for an 8 hour work day, plus travel time. The Council is very</p>			

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		interested to learn how the Department envisions families can resolve this dilemma.			
99	10/22/2015	Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 - 107) (The Council suggests that the “Conflict of Interest” language be included again in 513.19 Service Coordination (pp 98-101). Activities listed do not reflect these points. For instance, “Provide oral and written information about the IDDW provider agency’s rights and grievance procedures for persons served by the agency.” This could potentially be an agency other than the one which employs the Service Coordinator.	<u>C</u>	The manual has been changed to: Provide oral and written information about the IDDW provider agency’s rights and grievance procedures for persons served by the agency or provide linkage to other agencies’ rights and grievance procedures.	
100	10/22/2015	Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 - 107) The Council has repeatedly commented that BMS requires Service Coordinators to act as an advocate for the person. However, Service Coordinators do not typically have any external advocacy	<u>NC</u>		It would be expected that Service Coordinators who do not have advocacy experience would link the individual/family to experienced advocate or advocacy agency.

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		experience; are generally being paid by the agency in which they may need to advocate against; and have little or no specific training on how to effectively advocate for children who experience problems with the education system.			
101	10/22/2015	Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 – 107) The Council is concerned that, in a program where most direct services for individuals have been cut, the caps for Service Coordination have been increased by 8 hours.	<u>NC</u>		The Service Coordination units are the same as the current manual.
102	10/22/2015	Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 – 107) Also, caseloads have been increased from 20 to 30 people per Service Coordinator. During discussions on this issue, it was stated the case load sizes would be determined, in part, on the relative number of people who receive traditional and self-directed services. This is not reflected in the draft Manual.	<u>NC</u>		The decision was made to leave the maximum amount at 30 individuals per service coordinator and the provider agency will determine the mix that works best for that agency/service coordinator.

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103	10/22/2015	<p>Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 - 107)</p> <p>513.21.3 Transportation Trips (Traditional Option) (pp 109-110) is defined as “trips to and from the person’s home, licensed Facility-based Day Habilitation Program, Pre-Vocational Center, Job Development activities or Supported Employment site or to the site of a planned activity or service which is addressed on the IPP and based on assessed need.” The limit of 2 one-way trips per day does not allow for more than one of these activities to occur. The current limit is 4 one-way trips per day. The Council disagrees with this reduction in service because the ability of individuals to be included and involved in the community will be severely hampered for those who require transportation services in an agency’s mini-van or mini-bus.</p>	<u>NC</u>		Request to increase of Transportation Trips from 2 per day to 4 per day. Provider agency staff may sign up to provide trips through the Non-Emergency Medical Transportation (NEMT).
104	10/22/2015	Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 - 107)	<u>NC</u>		The Olmstead decision relates to individuals in institutions receiving the same level of services as individuals in the

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		<p>One of the Responsibilities (p 112) listed is, “To understand that this is an optional program and that not all needs may be able to be met through the services available within this program and a person’s annual individualized budget.” While this is true, there remains the overall obligation of the State to care for its vulnerable citizens in home and community based settings. While this program may be optional, the State would be even further out of compliance with the Olmstead decision and the Home and Community Based Services Rule if people served by the Waiver had to move to institutional settings.</p>			<p>community. As this is a home and community-based program already, Olmstead does not apply. The Home and Community Based Services Rule relates to institutional settings and as this is a home and community based program, all services must be provided in integrated settings by March 2019.</p>
105	10/22/2015	<p>Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 - 107)</p> <p>A major change has been made to the 513.26 Discharge (pp 114-115) section. Now, a person who does not access or utilize at least one direct care IDDW Service each month a person may be discharged from the program. The</p>	<u>NC</u>		<p>Individuals who have not accessed direct care services on a monthly basis will not be discharged without BMS approval. It is expected that individuals who are hospitalized will be given some discretion.</p>

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		<p>previous requirement was to access at least one service within a 180 day period of time.</p> <p>The language says “may be discharged” for a list of reasons. What criteria will be used to determine who “will be discharged?” What about individuals who are seriously ill and hospitalized for a period of time? What allowances will be made to ensure they do not lose Waiver services while in the midst of a medical crisis?</p>			
106	10/22/2015	<p>Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 – 107)</p> <p>Language in Section 513.25.3 Grievances/Complaints raises concerns for the Council. As stated, “At no time is the amount of the annual individualized budget a matter that may be taken before the Board of Review through a Medicaid Fair Hearing. The individualized budget is assigned based on the annual functional assessment and the structured interview. The process and mathematical formulas</p>	<u>NC</u>		<p>If individuals have a change in need that necessitates a higher level of services then a critical juncture must be held, the change in need documented and request for increased services be submitted to the UMC for consideration.</p>

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		that are used to derive the individualized budget amounts are a matter of policy and thus, are not subject to the purview of the Board of Review.” How would an inadequate amount of funding not, in fact, cause a reduction in services and thereby be a legitimate reason to seek a Medicaid Fair Hearing?			
107	10/22/2015	<p>Title of Email: IDDW Draft Manual Comments WV Developmental Disabilities Council (Comments 80 - 107)</p> <p>Finally, in answer to many concerns about services for school aged children needing services, the BMS response has been that they need to access them through the education system which is responsible for them. It is well known that families often struggle to get the basic educational needs of their children met. Needed supports such as communication devices are often not available, not provided, and not allowed to be taken home. Yet, the Department leaves it up to families to advocate for themselves against a large, bureaucratic system. It is the Council’s position that DHHR has an obligation to</p>	<u>NC</u>		It is not the obligation of the DHHR to ensure that the Department of Education meets the needs of children on the IDDW.

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		<p>work within State government to change the system to ensure it meets the needs of these children prior to cutting needed services in the Waiver program.</p> <p>The Council appreciates the removal of the proposed requirements for extra psychological evaluations of children at 6, 9, 12, and 15 years of age. It also appreciates that Respite Services will once again be able to be accessed on the same day as other services are provided. Job Development Services is a positive addition to this program.</p> <p>The Council thanks the Bureau of Medical Services for the opportunity to express its concerns regarding this important program, which supports many of the State’s most vulnerable citizens.</p>			
108	10/26/2015	<p>Title of Email: Implementation Questions Oct 2015 (Comments 108 – 119)</p> <p>Comments on the waiver manual are not to be content driven, but rather to be focused</p>	<u>NC</u>		This was changed to a 1:1-2 code five years ago at the provider’s request, I was in the draft application and no one requested that it be

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		<p>on the issues of implementation. Therefore, to present my concerns in a clear and concise manner I have chosen to place my comments in the form of a question. I therefore apologize in advance if this is not in a form more commonly used, however, since I did not see a mandated format, I assumed any format, including questions, would be accepted. Thank you for your due consideration of the following comments on the implementation of the proposed 2105 waiver manual.</p> <p>Procedure Code §513.15.1 Facility Based Day Habilitation (Traditional Option) On page 64 it is stated that the Procedure code T2021-U5 is 1:1-2. In view of the need to help waiver members find ways to maximize the impact of their budgets; this code should have been broken into two codes, namely 1:1 and 1:2.</p>			<p>changed, therefore, it will remain a 1:1-2 code.</p>
109	10/26/2015	<p>Title of Email: Implementation Questions Oct 2015 (Comments 108 – 118)</p>	<u>NC to 109 Comments (1-5)</u>		

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		<p>§513.15.2 Pre-Vocational (Traditional Option) With an expectation that members will be ready for supported employment at the end of two years.</p> <ol style="list-style-type: none"> 1. What do we do with someone who is of retirement age? What is the accepted age of retirement for waiver members? To assume that members will simply attend programming at a senior center is does not meet the definition of being or providing person-centered services. Nor does it take into account the impact on a member's budget. Simply allowing a member to remain in a pre-vocational setting, if that is the member's wish, is much more practical. 2. Similarly, what will happen to members that will not be ready for supported employment, though no fault of their own, such: <ol style="list-style-type: none"> a. Medical fragility b. Medical conditions c. Inability to learn or practice any of the ten pre-vocational services 			<p>Comment 109(1) - The member will be able to use Person-Centered Support services to access community activities appropriate to the individual's age and interests.</p> <p>Comment 109(2) – See 109.1</p> <p>Comment 109(3) - The decision was made for this to remain a 1:1-2 code as this</p>

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		<p>listed on page 66.</p> <p>3. On page 66 it is stated that the Procedure code T2021-U1 is 1:1-2. In view of the need to help waiver members find ways to maximize the impact of their budgets; this code should have been broken into two codes, namely 1:1 and 1:2.</p> <p>4. Will a physician’s statement regarding the physical capability of an individual suffice to allow a waiver member to remain in pre-voc, as opposed to requiring that individual to move on to job development or supported employment?</p> <p>5. What will be the status of waiver members who are prohibited or strongly discouraged from seeking employment, due to the loss of either SSI, and/or negative adjustments to HUD, food stamps or other benefits? Simply telling providers that members and/or their guardian needs more training is not the answer. Many guardians have been “trained” frequently over the years, but they still find it more advantageous for their</p>			<p>was the request of the providers 5 years ago.</p> <p>Comment 109(4) - No.</p> <p>Comment 109(5) - The Service Coordinator should continue to educate individuals/guardians as well as linking them to other resources such as WIPA to assist.</p>

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		ward to not seek employment. How will this reflected in the IPP, and still meet the requirements contained within this manual?			
110	10/26/2015	<p>Title of Email: Implementation Questions Oct 2015 (Comments 108 – 118) §513.15.3 Job Development (Traditional Option)</p> <ol style="list-style-type: none"> 1. Can members access pre-vocational and job development services concurrently, provided these two services are not billed simultaneously? How would that affect the two-year time window? 2. On page 68, it states that the paraprofessional providing job development must have documented training that will allow them to: <ol style="list-style-type: none"> a. Meet and negotiate with employers, b. Analyze job duties, c. Modify jobs, d. Assess, and e. Support the individual. <p>At what rate? Seems to me that this responsibility is much greater and requires a higher skill level than that of</p> 	<p><u>C to Comments 110(5)/(6)</u></p> <p><u>NC to Comments 110 (1-4 & 7-8)</u></p>	Comment 110(5) /(6) Added this to the definition of Job Development	<p>Comment 110(1) The two year clock would be started on prevocational and job development. It is not recommended that these two services be provided concurrently, but it might be appropriate in some instances.</p> <p>Comment 110(2) The rates for Job Development are the same as Supported Employment.</p>

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		<p>a direct care staff member. In many states this is a Bachelor's degree level position.</p> <p>3. On page 69 it states that this service must fit into the individual member's budget, yet at the same time is a 1:1 service. If this service does not fit into a member's budget, either due to guardian or member's choices to not reduce other services, will this service become mandatory to meet the two year limit on pre-vocational services?</p> <p>4. Will this course of action be required of all waiver members, including those using personnel options?</p> <p>5. Please define competitive employment for WV. Will you use the new definition in the WIOA?</p> <p>6. Would strongly suggest that this service be required to be referred to the Division of Rehabilitation Services, and not just Supported Employment.</p> <p>7. The official unemployment rate for West Virginia is 7.6% in August 2015; WV is the only state where less than half of all civilians work, the employment to population rate is</p>			<p>Comment 110(3) No</p> <p>Comment 110(4) No</p> <p>Comment 110(7) the limit is two years, not one year. If an individual is very close to obtaining a job, then an extension may be granted on</p>

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		<p>49.1%. With these dramatic statistics, will BMS grant additional time beyond the one year job development period to allow the waiver member to locate a job, especially in counties hardest hit by low employment?</p> <p>8. If a waiver member obtains a job working less than 30 hours per week, will that person's budget be designed to allow for pre-vocational time when not working, or will it require that person to stay at home?</p>			<p>an individual basis. Comment 110(8) It would be appropriate to continue to utilize Pre-vocational when a job has been obtained. Person Centered Support to access community activities.</p>
111	10/26/2015	<p>Title of Email: Implementation Questions Oct 2015 (Comments 108 – 118)</p> <p>§513.15.4 Supported Employment (Traditional Option)</p> <p>1. On page 71 it states that this service may be a group service up to 1:4 staffing ratio. Does this service therein approve congregated settings wherein several waiver members may work together on a lawn crew, in a “conclave”, or other setting? It seems to me that this is counter to the directionality of supported</p>	<p><u>NC on 111 Comments (1-4)</u></p> <p><u>C on 111(5)</u></p>	<p>Comment 111(5) - The new definition of supported employment defined by WIOA.</p>	<p>Comment 111(1) - Not necessarily. If the group has individuals that are not accessing waiver services, for example, the group is 4 and 2 individuals use waiver and 2 do not, then the 1:2-4 code would be billed on the 2</p>

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		<p>employment and job development where the ratio of member to staff is 1:1. Thus, why isn't job development open to more staffing ratios other than 1:1?</p> <ol style="list-style-type: none"> 2. If a person is able to find a job and the staffing ratio is 1:1, but their budget does not allow this to occur, based on other desires of the individual or guardian, what will happen to this person? Will the limitation of 12 hours per day of 1:1 be changed to accommodate a situation like this? 3. If a person gets a job, but then loses that job, will pre-vocational services be made available to that person? 4. Will this course of action be required of all waiver members, including those using personnel options? 5. Please define competitive employment for WV. Will you use the new definition in the WIOA? 			<p>individuals funded by waiver.</p> <p>Comment 111(2) - It will have to be determined on an individual basis, but the total combination of direct care services and day services will not exceed 12 hours for individuals who live in natural family homes (PCS may not exceed 8 hours). Individuals who live in ISS settings usually have enough money in their budgets to allow for this service.</p> <p>Comment 111(3) It depends on the individual and their individual needs. If they lost their job due to lacking a skill that can be taught in a Prevocational Center, then that may be appropriate. Perhaps it was not a good job fit and more Job Development would be appropriate.</p> <p>Comment 111(4) - If an</p>

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					individual utilizing Personal Options also is utilizing Day Services, then the same policy would apply.
112	10/26/2015	<p>Title of Email: Implementation Questions Oct 2015 (Comments 108 – 118)</p> <p>§513.2.1 CRIMINAL BACKGROUND CHECKS –A</p> <p>§513.2.1.1 “Direct access personnel”, except contracted extended professional staff, having direct contact with persons who receive services must meet the qualifications...Please define “direct access personnel” staff. The US Dept. of Labor defines an employee as anyone who receives a paycheck.</p> <ol style="list-style-type: none"> 1. For example, is the receptionist included if their contact is limited to saying hello as the member comes and goes? 2. Are administrative clerks and other non-billing staff required to have background checks? 3. Since JCDC employs people with and 	<u>NC to Comments 112(1-6)</u>		<p>Comment 112(1) - Yes</p> <p>Comment 112(2) - Yes</p> <p>Comment 112(3) - There</p>

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		<p>without disabilities as production workers, and they may have casual contact with waiver members are these individuals included in agency staff?</p> <p>4. Are Division of Rehabilitation Services consumers who receive a paycheck from JCDC, and may come into contact with waiver members required to have a background check?</p> <p>5. Are waiver members who receive a check from JCDC as a part of their pre-voc experience, and come into contact with other waiver members required to have a background check?</p> <p>6. Under 513.2.1.7, it states that WV CARES will provide monthly rechecks of all current employees. We as the “hiring entity” is required to research each finding to determine whether or not the potential match is a negative match for the employee. However, under 513.2.1.3 it states that the WV CARES will issue a fitness determination, but not a criminal history. Question – How will ‘hiring entities” conduct an inquiry if the necessary information is not made</p>			<p>should always be a JCDC employee supervising who has eyes on the IDDW individuals.</p> <p>Comment 112(4) - No, as long as there is a JCDC employee supervising who has eyes on the IDDW individuals.</p> <p>Comment 112(5) - No, see #3 and 4 above.</p> <p>Comment 112(6) - JDCD will receive the results from the WV CARES and keep copies in employee files.</p>

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		available to the “hiring entities”?			
113	10/26/2015	<p>Title of Email: Implementation Questions Oct 2015 (Comments 108 – 118)</p> <p>§513.17.4.1 UNLICENSED RESIDENTIAL PERSON-CENTERED SUPPORT (Traditional Option)</p> <ol style="list-style-type: none"> Page 85 – all requests for more than an average of 12 hours per day of 1:1 service BMS approval. As the directionality of the program is to reduce the number of 1:1 24 hour staffing, will APS healthcare and BMS work with the providers in creating households with roommates so that each roommate has the opportunity to be matched with some of comparable interests, energy levels, age, gender and maturity levels? Similarly - will BMS force individuals to leave their community if they are not able to find a local roommate, or will they be able to retain adequate funding for continued 1:1 staffing? 	<u>NC to Comments 113(1&2)</u>		<p>Comment 113(1) No BMS and APS will not work to match individual roommates. That is the responsibility of the Service Coordinators to link and refer.</p> <p>Comment 113(2) Medicaid will not “force” anyone to leave their community, however, individuals/legal guardians will have to make decisions regarding how individuals will continue to live in the community and home of their choice within budgetary parameters.</p>

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<u>Comment Number</u>	<u>Date Comment Received</u>	<u>Comment</u>	<u>Status Result</u> C = Change NC = No Change D = Duplicate	<u>Action for Change Status</u>	<u>Reasoning for No Change Status and FAQs</u>
114	10/26/2015	Title of Email: Implementation Questions Oct 2015 (Comments 108 – 118) §513.18.1.1 IN-HOME RESPITE (Traditional Option) 1. “When the person is attending a Facility-Based Day program, then the primary caregiver is receiving a form of respite, etc.” – Is this statement an acknowledgement that day hab can be and is in fact used as respite for many families? If so, how does this fit into the closure of day hab programming and the directionality of employment first? Will this force people to use in-home respite at a higher cost versus using day programming as respite? Especially if a staffing ratio of 1:2 is developed separate from 1:1-2?	<u>NC</u>		Some Facility-Based Day Habilitation sites do provide some respite after program hours and on weekends to assist parents. Respite is to be provided in the member’s home, out of the member’s home in a Specialized Family Care Home or in a local public community. Typically Facility Based Day Habilitation sites are not in the local public community but it would be a possibility. The intent of this statement is that the primary caregiver gets a break from the stress of providing care while the individual is accessing any type of Day Services (FBDH, PreVoc., Job Development, Supported Employment)
115	10/26/2015	Title of Email: Implementation Questions Oct 2015 (Comments 108 – 118) §513.18.2.1. OUT-OF-HOME RESPITE (Traditional Option)	<u>NC</u>		Respite should not typically be provided at a FBDH. The purpose of this site is to train individuals to acquire skills to lead them to the path to employment, not to provide

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		1. If the IDT determines it to be appropriate, can some of this time be used at a facility-based program?			paid respite services for the primary caregiver.
116	10/26/2015	Title of Email: Implementation Questions Oct 2015 (Comments 108 – 118) §513.26 DISCHARGE 1. p. 115 – “a person does not access or utilize at one direct care IDDW Service each month.” Previously this discharge requirement was 90 days. One can easily imagine many scenarios that would be a legitimate and logical reason for not using direct services for a one month period. This requirement will no doubt hurt some individuals with disabilities if this remains. The question then ultimately is what is the after effect of being removed from the waive program? Will an unintended consequence be a higher cost to the State?	<u>NC</u>		Only medical/rehabilitation hospitalizations will be considered on an individual basis.
117	10/26/2015	Title of Email: Implementation Questions Oct 2015 (Comments 108 – 118)	<u>NC</u>		Will include the requirement of paying state taxes.

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		<p>§513.28 SERVICE LIMITATIONS AND SERVICE EXCLUSIONS</p> <p>1. “All persons must live in WV.” At a recent Finance committee meeting of the Legislature, it was stated, or implied, that some individuals come into WV to receive the benefits associated with the waiver program. If the requirement was proof of having paid state taxes, or other documentation, that would eliminate others from coming into the State simply to receive waiver benefits.</p>			
118	10/26/2015	<p>Title of Email: Implementation Questions Oct 2015 (Comments 108 – 118)</p> <p>GENERAL DISSCUSSION</p> <p>1. Page 7 - “The IDDW Program is a program that reimburses for services to instruct, train, support, supervise, and assist individuals who have intellectual and/or developmental disabilities in achieving the highest level of independence and self-sufficiency possible.” Will these standards be applied not only to traditional options,</p>	<u>NC</u>		<p>The purpose of the program is the same for the Traditional and the Participant-Directed Option, however, because the Traditional providers must also adhere to the Behavioral Health Regulations, at least one training goal is required for individuals who receive direct care services under the Traditional Model.</p>

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		but also to Personal Options, as we hear that many individuals receiving services through Personal Options do not actively engage in programs that will accomplish these worthwhile goals?			
119	10/26/2015	Title of Email: I/DD Waiver Chapter 513 Skilled Nursing Page 103 identifies the requirement that service is only available to adults aged 21 and older. This will be problematic for individuals living in ISS settings who are considered adults (18+) but are under the age of 21. While it may be possible to obtain skilled nursing via Medicaid for medication administration or other scheduled events, this nurse will not be available to provide the level of medical care required for an individual in this setting. Nurses are required to be on call to evaluate injuries, illness and to follow up after a behavioral incident per OHFLAC recommendation. We are requesting that individuals in a un/licensed residential setting have access to this service, regardless of age.	<u>C</u>	The manual has been revised to allow nursing services for individuals 18 years of age and older who attend Facility Based Day Habilitation and live in ISS or licensed Group Homes.	
120	10/26/15	Title of Email: Title XIX draft comment	<u>NC</u>		Thank you for the comment.

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		<p>I feel the WV Title XIX is a good program in concept but is flawed in implementation. Having worked as an SC and a TC, I feel the primary beneficiaries of the program is the member's families and not the member. So many times the member becomes a meal ticket, a way for the provider to earn more money for little to virtually no work. I have seen TCs recommend programs that were not necessary and bill longer than is feasible for evaluation of programs that either are most likely not implemented at all or is a goal so far beyond the members' potential it is impractical. How many times have we all caught direct care staff filling out TAS as though they were meaningless crossword puzzles? Yes we retrain, retrain, retrain, fire and re-hire others only to repeat the same scenarios. The system is flawed, so change it.</p> <p>There is a reason why WV is one of the only states that allows parents to be paid for the care of their disabled child. Other states don't do it because it creates a opportunity for exploitation. So many</p>			

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		<p>times decisions are made in the financial interest of the family and not based on what the member actually needs, leading to wasted state tax dollars. WV needs to completely rethink this waiver. Our members should not be in institutions but financial decisions such as who can bill how many hours for which service and what activities are expected during the service should not be made by those who may gain monetarily for that decision.</p> <p>It is my sincere desire that APS Healthcare and BMS will review these thoughts before submitting the next 5 year plan to CMS.</p>			
121	10/27/2015	<p>Title of Email: I/DD Wavier Draft Manual Comments (Comments 121 – 126)</p> <p>513.2 - P.10 Provider Enrollment and Responsibilities Does the "facilitated WV PBS Over View of Positive Behavior Support" refer to the video training produced by the WVPBS Network?</p>	<u>NC</u>		Yes
122	10/27/2015	Title of Email: I/DD Wavier Draft Manual	<u>NC</u>		The Service Support

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		<p>Comments (Comments 121 – 126)</p> <p>513.2 - P.12 Provider Enrollment and Responsibilities The support service facilitator already presents consumer / family with choices by way of the Freedom of choice form. Not the SC. Conflict of interest and the consequences discussed in this section should also be applied to the SSF's as well. It is not ethical for them to promote PPL / personal options for example over other services. Families and consumers should be given information only so they they can make an informed decision.</p>			Facilitators will add Conflict Free Service Coordination to their script that they use during the Annual Functional Assessment. The script has been approved by BMS and provides information on both Traditional and Participant-Directed Service Options.
123	10/27/2015	<p>Title of Email: I/DD Wavier Draft Manual Comments (Comments 121 – 126)</p> <p>513.15.2 P.66 Pre-Voc. After the three year period, will FBDH sites be able to stay open to provide Pre-voc and Job development training?</p>	<u>NC</u>		If the site meets the CMS Integrated Rule setting, then the site will be able to stay open to provide both Facility Based Day Habilitation and Prevocational. Job Development may only be provided in the local public community.
124	10/27/2015	Title of Email: I/DD Wavier Draft Manual	<u>NC</u>		Correct

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		<p>Comments (Comments 121 – 126)</p> <p>513.17.1 P. 75 Family PCS Wanted to confirm that under the new manual, in-laws (in this example, sister-in-law) would still be eligible to provide PCSF services.</p>			
125	10/27/2015	<p>Title of Email: I/DD Wavier Draft Manual Comments (Comments 121 – 126)</p> <p>513.7.2 - P.80 Home Based Agency PCS Cites exclusion of family members to be providers but talks about an unlicensed residential site. Wanting to confirm that a family member could in fact provide home based PCS services. (a brother for example who doesn't live in the same home)</p>	<u>NC</u>		Correct
126	10/27/2015	<p>Title of Email: I/DD Wavier Draft Manual Comments (Comments 121 – 126)</p> <p>513.20 - P102 Skilled Nursing States nursing services are for 21 or over. What about if we have a residential consumer under 21? What about a CRU</p>	<u>D</u>		See #118

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		consumer?			
127	10/27/2015	<p>Title of Email: Questions regarding new Manual changes (Comments 127-147)</p> <p>There are a few parts of the Manual that we hope to get clarified, or believe needs to be expanded, to ensure that providers understand all components of the new Manual. There are obvious concerns regarding how the decrease in overall LPN services will affect the general oversight needed for various members we serve. There are also concerns regarding what is perceived to be a push towards less 1:1 services (in Unlicensed Residential Settings) and how that will essentially force unwanted living circumstances on the individuals we serve. It is believed that isn't occurring with any other individual who is receiving a type of Medicaid service, and therefore seems discriminative in nature. With that being said, we do believe that certain things need clarified before an Agency is expected to be in compliance with the Manual.</p>	<u>NC</u>		The WVUCED has already developed these trainings and have provided free state-wide trainings to "train the trainer". The WVUCED will continue to make this available.

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		1. It is stated that all agency staff must show a “completion of the facilitated WV APBS Overview of Positive Behavior Support (or the WVUCED Positive Behavior Support Direct Care Overview)” (p. 11). Will the WVUCED essentially develop these trainings for the Agencies? If not, will there be any specific guidelines or requirements, or is it left up to the discretion of the Agencies responsible for the training?			
128	10/27/2015	Title of Email: Questions regarding new Manual changes (Comments 127-147) 2. What does the Service Coordinator Licensing Board entail? (p. 12).	<u>C</u>	513.2 the words “if applicable: have been added to this sentence.	
129	10/27/2015	Title of Email: Questions regarding new Manual changes (Comments 127-147) 3. Will Agencies still be allowed to provide direct care services to the members that have Service Coordination through that particular	<u>NC</u>		Yes, agencies will still be allowed to provide direct care services that receive Service Coordination from another agency. Agencies will need to have policies that prohibit service-steering, describe the annual training requirements

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		Agency? Do the Agencies themselves need to anything beyond what is explained regarding “conflicts of interests” with Service Coordinators (i.e. trainings, etc.) and the current ‘Freedom of Choice’ form?			for Service coordinators, the repercussions of engaging in service-steering, etc. The UMC will review these policies during the annual on-site review.
130	10/27/2015	Title of Email: Questions regarding new Manual changes (Comments 127-147) 4. With regards to the new required trainings, new standards regarding the office criteria, etc., will the compliance in these changes be expected as soon as the Manual is effective? Will there be a grace period to allow Agencies to make necessary changes and complete all trainings, etc.?	<u>NC</u>		It is expected agencies should be totally compliant by Dec. 1, 2015, however, if an agency has a particular problem that cannot be addressed by 12/1/15, then the agency should contact APS Healthcare for a waiver.
131	10/27/2015	Title of Email: Questions regarding new Manual changes (Comments 127-147) 5. Could the following statement be clarified: “Utilize any database system, software, etc., compatible with/approved and/or mandated by	<u>NC</u>		This statement is in reference to the UMC’s web portal (Currently the CareConnection®) and completion of the excel spread sheets related to the staff qualifications, the draft

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		BMS." (p. 16).			disallowance reports, etc.
132	10/27/2015	Title of Email: Questions regarding new Manual changes (Comments 127-147) 6. The new BSP Qualifications require that all (former) Therapeutic Consultants become BSP certified through the WVUCED within six months. Will the WVUCED be offering more classes than usual to help accommodate what is expected to be a larger demand for this Training in upcoming months? It is believed that these Trainings are only occurring twice a year at this point.	<u>NC</u>		The Facilitated Overview of PBS has been available since 2004 and anyone that has been trained on that training is qualified to train others. The other training for Direct Care staff was offered extensively this past year by the CED, but unfortunately , not very many agencies took advantage of the free and timely training. It is expected that the WVUCED will continue to offer trainings and that a BSP who has been trained will train others in their agency, in other words, this can be a train the trainer scenario.
133	10/27/2015	Title of Email: Questions regarding new Manual changes (Comments 127-147) 7. Who is ultimately responsible for IMS input for members receiving <i>Personal</i>	<u>NC</u>		Both Service Coordinators and Resource Consultants can enter information into the WVIMS.

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		<p><i>Options FMS Model services? Is it realistic to expect a staff from a separate entity (PPL) to report to the traditional Service Coordination Agency in which they are not employed to report what could be considered confidential information to most others within that Agency? Furthermore, what can the traditional Agency do if the reporting process is not up to the Agency's standards regarding inappropriate reporting? (p. 26)</i></p>			
134	10/27/2015	<p>Title of Email: Questions regarding new Manual changes (Comments 127-147)</p> <p>8. Can clarification be given on the following statement, since formal active treatment is not required when a member is on the Program: "Documentation must support that the applicant would benefit from continuous active treatment. Active treatment includes aggressive</p>	<u>NC</u>		<p>In order to be found eligible for this program, an individual must demonstrate that they would benefit from continuous active treatment. Once the individual actual starts receiving services, the IDT will decide if the member needs to receive formal training or informal training and whether this training will be in a paid form from staff or</p>

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		consistent implementation of a program of specialized and generic training, treatment, health services, and related services. Active treatment does not include services to maintain generally independent individuals who are able to function with little supervision or in the absence of a continuous active treatment program” (p. 33).			in an unpaid form provided by natural support. The important thing for the IDT is to determine what training is needed and how it will be delivered.
135	10/27/2015	Title of Email: Questions regarding new Manual changes (Comments 127-147) 9. Can clarification or examples be given regarding the “resolving of issues” that may be needed because of “service capacities” and “inabilities to meet medical or behavioral needs.” (p. 35)	<u>NC</u>		This occurs when the provider indicates they are unable to accept referrals—it could be for any reason identified by the provider such as unable to provide BSP or RN services or not having enough SCs to cover caseloads
136	10/27/2015	Title of Email: Questions regarding new Manual changes (Comments 127-147) 10. Page 39 states the order in which direct support services must be	<u>NC</u>		It is fair to assume that direct care services that provide hand-on assistance, monitoring and supervision takes precedence over other

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		purchased, "due to the order of importance." Is it really fair to assume that all services have the same amount of importance for all individuals served in this program?			professional services.
137	10/27/2015	Title of Email: Questions regarding new Manual changes (Comments 127-147) 11. What accommodations will be made for an individual who already has Quarterly IPPs, but because of the timing, may have to have a separate Critical Juncture IPP due to DHHR assigning a new Guardian/Medical Surrogate? (p. 41). Will there be additional units allowed or will the Agency be allowed to cover such changes at the next scheduled IPP?	<u>NC</u>		Any meetings held on or after Dec., 1, 2015 will have to move to new services. Any individual who has an annual IPP in November 2015 for an anchor date on or after Dec. 1, 2015 will have to move to new services.
138	10/27/2015	Title of Email: Questions regarding new Manual changes (Comments 127-147) 12. On page 101, it states that Service Coordination "cannot be billed for Utilization Management activities."	<u>NC</u>		This means that the SC reviews services (and could review documentation submitted) to ensure that the services provided to the member were provided in

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		Does this involve all tasks related to checking the member’s budget, linking with team members, etc.?			<p>accordance to the IPP. Therefore, all documentation should match and be provided as outlined in the member’s ISP. We would expect to see that if services are not being implemented per the IPP, or if it is indicated that the member’s needs have changed, the SC would notice this and then take appropriate actions (holding a critical juncture, etc.).</p> <p>The language written in the manual is to guard against SCs “reviewing documentation” to double check the math and number of units billed for services – which would be utilization and would not meet the purpose indicated in the manual for SC review. Allowing up to 4 units of SC per month per member to review services should be</p>

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					<p>viewed as a clinical activity/service. The UMs at agencies are not reviewing documentation for a clinical purpose – their review is for a numerical purpose, and we would not want to see such a review from an SC.</p> <p>Please review FAQ 148 on the BMS website.</p>
139	10/27/2015	<p>Title of Email: Questions regarding new Manual changes (Comments 127-147)</p> <p>13. It states that LPNs and RNs cannot bill for Assessments required by the provider, but only for ones that are required by the Manual. Is this true for an Assessment that may not fit into what the Manual dictates as necessary, but one that OHFLAC would consider appropriate/necessary to ensure the member’s safety or prevent an on-going issue to their health. Essentially, would there be</p>	<u>NC</u>		<p>The UMC will look at these requests individually and check with OHFLAC to determine if these assessments are required by OHFLAC.</p>

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		any exceptions to this, if there was an appropriate justification?			
140	10/27/2015	Title of Email: Questions regarding new Manual changes (Comments 127-147) 14. Could the statement regarding non-emergency medical transportation being "required" for non-IDDW Medicaid services be explained further, or was this only intended to make aware of alternative options? (p.106).	<u>NC</u>		It was intended to bring awareness that NEMT is an alternative option.
141	10/27/2015	Title of Email: Questions regarding new Manual changes (Comments 127-147) 15. Page 122 shows the responsibilities of Resource Consultants. Should an Agency instruct their Service Coordinators to encourage family members to contact their Resource Consultants when asked to assist with any or all of these tasks?	<u>NC</u>		Absolutely.
142	10/27/2015	Title of Email: Questions regarding new Manual changes (Comments 127-147) 16. What reassurances are in place that	<u>NC</u>		The agencies may hire whoever they wish, however, if someone is hired who was determined Not Eligible for

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		checks with WV Cares will appropriately screen out staff who may otherwise be screened out by the Agency (an example being for repeated minor offenses)? Will the Agency be subject to discrimination if they choose to not hire someone that WV Cares determines to be appropriate?			Hire, then disallowances for any services provided will occur. The WV CARES also has penalties that may be levied. Also, even though the WV Protective Record Services Check is not required, agencies may still utilize this check.
143	10/27/2015	Title of Email: Questions regarding new Manual changes (Comments 127-147) 17. If a member starts Pre-Vocational or Job Development services and it is determined that the member is not suitable for those services at that time, will they be allowed to resume Day Habilitation services as long as that service is still in place?	<u>NC</u>		As long as the individual has not exhausted their 3 years of Facility Based Day Habilitation and if the FBDH site has been certified as meeting the CMS Integrated Setting Rule.
144	10/27/2015	Title of Email: Questions regarding new Manual changes (Comments 127-147) 18. Who specifically is responsible for determining if members are eligible to receive more than 12 hours/day of 1:1 services (with regards to ISS	<u>NC</u>		There is a 1:1 Assessment that is completed by the Service Coordinator, APS reviews it and makes recommendations. BMS reviews and either approves or disapproves the

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		members)? Is there a Committee at either APS HealthCare or BMS? In the past, it has taken over two months to get an answer back regarding this type of situation, and would it be safe to assume that these types of decisions will take this long, if not longer, going forward?			recommendations made by APS. Typically these requests are done within a week of being received by BMS.
145	10/27/2015	Title of Email: Questions regarding new Manual changes (Comments 127-147) 19. Are the same standards and expectations regarding the quality of services/documentation, including the thoroughness of audits, the same between Traditional Waiver agencies and PPL?	<u>NC</u>		PPL or whatever agency is providing FMS services has a different type of review than a Traditional agency for a couple of reasons: 1. The FMS agency does not actually receive payment for services provided by employees of the individual who is accessing the IDDW. There is no actual money to disallow from PPL. 2. The FMS is BMS' government sub-agent so it does not make sense to take money from BMS to

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					give to BMS.
146	10/27/2015	Title of Email: Questions regarding new Manual changes (Comments 127-147) Concerns voiced by Parents 1. What does the Service Coordinator Licensing Board entail? (p. 12).	<u>D</u>		See #128
147	10/27/2015	Title of Email: Questions regarding new Manual changes (Comments 127-147) Concerns voiced by Parents 2. Will Agencies still be allowed to provide direct care services to the members that have Service Coordination through that particular Agency? Do the Agencies themselves need to anything beyond what is explained regarding "conflicts of interests" with Service Coordinators (i.e. trainings, etc.) and the current 'Freedom of Choice' form?	<u>D</u>		See #129
148	10/28/2015	Title of Email: Idd waiver and law changes I work for PAIS ,the waiver recipient they have is my daughter NAME REMOVED. I work with my daughter and have been	<u>D</u>		See #1

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		<p>working with her through PAIS for the past year. NAME REMOVED has her own apartment and she is her own guardian, with that said , my question is ,,I am now being told I can no longer, legally work with my daughter because of some law of sorts that has past. I feel that my daughter should be grandfathered in of some sort so myself and my younger daughter can continue working with NAME REMOVED. The reasons I have in wanting to continue to work with her is that, the family support for her in going to and from doctors appointments, physical thereby , etc. , if I have to get another job that is not gonna allow me to be available to support her as much in these events. If I need to speak to someone different please let me know, I want to make sure our voice is heard and any thoughts on if this can be resolved. Thank you</p>			
149	10/29/2015	<p>Title of Email: 2015 Draft Manual Comments</p> <ul style="list-style-type: none"> The clause in the current manual permitting LPN services to be provided to a member in an ISS to be 	<u>D</u>		

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		<p>billed concurrently with PCSA services should be included in this section. If the agency doesn't utilize AMAPs or if the IDT feels the LPN would be the best route for administering all medications, I recommend that be permitted, it can be capped, and less than last manual's, since the driving time is no longer billable.</p> <ul style="list-style-type: none"> I would add in to the BSP II service under the MA qualification that IF the MA degree is not in a related field, the APBS state endorsement is required. If the MA degree is in a related field, the degree should be sufficient. 			
150	10/30/2015	<p>Title of Email: Chapter 513</p> <p>I am a parent of a 32 year with cerebral palsy. I have been an advocate as well as parent to my son. I started providing services for him when he was 2 years old in my home and have continued as staff since he moved into his first apartment when he graduated high school in 2001.</p>	<u>NC</u>		See #1 However, a 3 month transition period will be allowed so your son has until 4/1/16 to find staff to replace natural family.

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		<p>With the proposed changes in the waiver manual now I will no longer be able to be his staff as of 12-1-15.</p> <p>This will not only change my life but will turn my sons live upside down. It will also affect his staff and we have one staff that has been with him for 13 years.</p> <p>My son is very upset about this, as he looks forward to me being there on a weekly basis. Sometimes he has trouble speaking and I can decipher what he needs to say just by the expressions on his face.</p> <p>He had a very lengthy surgery a few years back and required being on a ventilator for 8 hours. He was fully conscience but unable to talk. No one could understand what he was needing but me. He felt like he was choking and couldn't speak so I had to explain to the nursing staff what was going on with him.</p> <p>I respectfully request that you reconsider these changes that are being proposed. Thank You</p>			

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151	10/30/2015	<p>Title of Email: waiver</p> <p>I am writing to strongly recommend continuing to pay family for the care of their relatives. My father has MS and was on disability waiver for years before having to move to a nursing home due to the inability to find reliable workers. I have first hand experience with this type of situation and have seen what results when families are not supported in caring for their loved one.</p> <p>In the case of my family, the care provided by non-family paid caregivers was so erratic, through both company hiring and private hiring, that there was no question of my mother holding a job outside of the home. The way that program worked then, my mother received no monetary compensation for caring for my father but had to be available 24/7. When a worker failed to show up (this happened often and calling in advance almost never happened) she had to reschedule her doctor appointments / shopping / life. This care was so "hit or miss" that within one 3 year</p>	<u>D</u>		See #1

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		<p>period she never made an appointment on the first scheduled date. The only reliable back-up she had was to call other family members, ask them to miss work, and be available to provide care.</p> <p>It is essential that family receive pay for not only taking care of their loved one but also as a token reimbursement for all the time they will be providing care/support and not receive compensation. Failing to do this will result in a much more sporadic, lower level of care for those who remain at home and cannot provide it for themselves. The result will be a return to the 1970's with its massive residential care systems that cost the state and tax payers much more for a lower level of care. The bottom line is that non emotionally invested caregivers, i.e., non-family, are a poor first line of care in a system that poorly supports the more cost effective option of in-home care and now proposes to withdraw that support entirely.</p> <p>Once a family member is in a facility it is almost impossible to assemble to resources</p>			

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		to reintegrate them back into their home. Please help families stay together. Again, I support the continuation of pay for family members providing care to their loved ones.			
152	10/30/2015	Title of Email: waiver Please note that I support the continuation of paid care by family members. Family are the only continually reliable source of paid care. Paid staff has proven to be very hard to find at the current rates and because family is currently and will always be the backbone of care they must continue to be reimbursed. Failure to reinstate family pay will result in much higher costs to the tax payer because residential institutional help will be the only alternative.	<u>D</u>		See #1
153	10/30/2015	Title of Email: Public Comment Under the LPN restrictions, the following is listed: This service may not be billed concurrently	<u>NC</u>		This question has been presented at the trainings as well—the examples we received were that direct care staff manage problem behaviors while LPNs are

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		<p>with any other direct care services.</p> <p>Under these circumstances, this requires a direct care professional to do a mandated job under a fee-for-service agreement and not be reimbursed. This policy is contrary to the very definition of fee-for-service agreement.</p> <p>In many cases an LPN cannot provide their services without the presents and assistance of a direct care professional doing their work.</p>			conducting nursing tasks. I advised that the LPN be trained on the BSP.
154	10/30/2015	<p>Title of Email: Ch. 513 Public Comment</p> <p>Referencing p. 84 I have concerns regarding the policy that direct support professionals providing unlicensed residential PCS cannot be a family member of the person who receives services. This is likely to create circumstances where the person who receives services will not be provided the level of care s/he needs because family members will be employed elsewhere. Also, the pool of potential paid caregivers (nonfamily and reimbursable) is few and</p>	<u>D</u>		See #1

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		far between. This is especially true in smaller communities.			
155	10/30/2015	<p>Title of Email: IDDW Manual Comments from West Virginia Behavioral Healthcare Providers Association</p> <p>1. The Association Objects to the Requirement That Agency Staff Must Be Employed under the Traditional Service Delivery Option.</p> <p>One major concern over the structure of the proposed Medicaid Manual for the Intellectual and Developmental Disabilities Waiver (“IDDW”) is the requirement that “agency staff” must be employees of the provider delivering services to IDDW service recipient under the Traditional Service Option for service delivery. See, Proposed IDDW Manual Sections 513.9.1 and 513.29. Under this definition, the agency staff who live in the home with the IDDW service recipient and provide services to the recipient must be an employee of the IDDW provider.</p> <p>This requirement stands in direct contrast</p>	<u>C</u>	<p>1. The Bureau disagrees with the Association’s analysis and interpretation of IRS regulations, however Section 513.9.1 has been modified to read:</p> <p>Once the team determines the array of services that may be purchased within the individualized budget, the Service Coordinator documents on the IPP (WV-BMS-IDD-5) and requests the units agreed upon in the UMC web portal.</p> <p>The hourly wage of agency staff employed by an IDDW provider is determined solely by the agency that employs the staff person. Agency providers must at</p>	

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		<p>with the Participant-Directed Service Option as set forth in the proposed IDDW Manual, under which the Qualified Support Worker is the employee of the IDDW service recipient, and the Personal Options Fiscal Management Service (“FMS”) is permitted to serve as the fiscal agent for purposes of all employment related taxes under section 3504 of the Internal Revenue Code. See, Proposed IDDW Manual Section 513.9.2.</p> <p>For delivery of in-home care, the IRS has consistently ruled that the provider of in-home care is the employee of the IDDW service recipient. See, IRS Notice 2003-70, 2003-2 CB 916 (2003); Rev. Proc. 70-6 and Reg. – 137036-08. Several IRS private letter rulings issued in response to SS-8 inquiries have all consistently held that the in-home service provider is the employee of the IDDW service recipient, just as the proposed IDDW Manual recognizes for the Participant-Directed Service Option. However, we do not understand why West Virginia continually ignores clear IRS precedential authority</p>		<p>all times comply with all local, state, and federal wage and hour employment laws and regulations, including, but not limited to, the West Virginia Wage and Hour Act, Fair Labor Standards Act (FLSA) and Internal Revenue Service (IRS) laws and regulations. IDDW providers are solely responsible for making their own determination as to whether an individual performing work for the agency is an employee or independent contractor under applicable state and federal laws and regulations. Provider agencies should not interpret this as an opportunity to misclassify workers as independent contractors. Provider agencies are solely responsible for any liability</p>	

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		<p>and guidance in this area for its Traditional Service Option.</p> <p>Under this proposed design of the Traditional Service Option (requiring employment of the in-home worker by the provider agency instead of the IDDW service recipient), the right of the service recipient to choose which Service Delivery Model to meet his or her needs will be effectively undermined in violation of Section 513.25.1 of the proposed IDDW Manual. More fundamentally, the proposed design could effectively deny benefits and needed services to IDDW service recipients.</p> <p>That is because the proposed design makes the Traditional Service Option financially untenable for the IDDW provider agencies. Under the plan as drafted, BMS will reimburse the IDDW provider agency under the traditional method \$10.96/hour for in-home services provided by the agency staff member who lives in the home of the IDDW service recipient. However, a reasonable estimate of the total</p>		<p>resulting from misclassification of workers. BMS reserves the right to dis-enroll any IDDW provider which is found to have misclassified employees by the U.S. Department of Labor, IRS, or any other applicable state or federal agency. All agency staff hired by an IDDW provider must meet the requirements listed in the applicable Agency Staff Qualifications in Section 513.3.</p> <p>With regard to the provision of Traditional Options services, the UMC is responsible to:</p> <ul style="list-style-type: none"> • Conduct agency satisfaction surveys with a sample of persons who receives services 	

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		<p>cost to the IDDW provider agency of employing an in-home worker includes (a) paying minimum wage of \$8.75 per hour (effective January 1, 2016), (b) plus other employee costs (including FICA tax obligations, workers compensation, unemployment, and benefits). This results in a total outlay of approximately \$14.00/hour. Accordingly, to provide services to IDDW service recipients under the Traditional Service Option, the provider agency must pay well over \$2.00/hour out of its own pocket under the plan as designed. The Association’s members are not financially capable of subsidizing the provision of such in-home services for any substantial period of time.</p> <p>As a result, BMS’ proposed design of the Traditional Service Option will cause the extinction of traditional in-home service options. This would violate not only an IDDW service recipient’s right to choose his or her delivery option as required by Section 513.25.1 of the proposed IDDW Manual discussed above, but also the intent of the IDDW Waiver Application approved</p>		<p>and their representatives (when applicable), and receive and analyze the survey results and report them to BMS annually; and</p> <ul style="list-style-type: none"> • Conduct provider reviews on a defined cycle using an approved review protocol based on IDDW requirements. <p>2. The last paragraph of Section 513.2 Conflicts of Interest has been modified to read:</p> <p>Conflicts of interest and are prohibited. A conflict of interest is when the Service Coordinator who represents the person who receives services (“person”) has competing interests due to</p>	

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		<p>by CMS, which specifically represented that the Traditional Service Option will be provided by West Virginia.</p> <p>Not only will there be a lack of required choice for service delivery options, but certain services may no longer remain available to recipients. As stated in the proposed IDDW Manual, all services are anticipated to be available to recipients under the Traditional Service Option, while only six services are proposed to be available under the Participant-Directed Service Option. See, Proposed IDDW Manual Program Description. Recipients who elect the Participant-Directed Service Option are permitted to obtain other needed services under the Traditional Service Option. But if the Traditional Service Option is financially devastated through its core in-home function, other services deliverable solely through the Traditional Service Option may likewise become unavailable to IDDW service recipients. The ultimate outcome could be a severe limitation upon the ability of IDDW service recipients to receive needed</p>		<p>affiliation with a provider agency, combined with some other action.</p> <p>“Affiliated” means has either an employment, contractual or other relationship with a provider agency such that the Service Coordinator receives financial gain or potential financial gain or job security when the provider agency receives business serving IDDW clients.</p> <p>A Service Coordinator representing the person and being affiliated with a provider agency is not by itself a conflict. However, if a Service Coordinator affiliated with a provider agency takes action on behalf of the person they represent to obtain services for the person from the company(s) with which the</p>	

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		<p>Medicaid waiver services.</p> <p>In order to alleviate such substantial harm to recipients, and the financial penalization of IDDW provider agencies under the Traditional Service Option, BMS should strongly consider re-designing the Traditional Service Option to allow more flexibility to provider agencies. Specifically, provider agencies should be given the flexibility to either employ or independently contract for the services of in-home workers. This flexibility could be coupled with the ability under the Traditional Service Option for a financial management service under section 3504 of the IRC delivered through sub-agents (other than the provider agency if otherwise required by law). Such a re-design would best ensure the long-term financial viability of the IDDW program by offering its recipients both choice and quality service delivery.</p>		<p>Service Coordinator is affiliated, or influences the Freedom of Choice of the person by steering them towards receiving services from the company(s) with which the Service Coordinator is affiliated, then a conflict of interest occurs. Service Coordinators must always ensure any affiliation with a provider agency does not influence their actions with regard to seeking services for the person they represent. Failure to abide by this Conflict of Interest policy will result in the loss of provider IDDW certification for the provider involved in the conflict of interest for a period of one year and all current people being served by the suspended provider will be transferred to other Service</p>	

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		<p>2. The Association Objects to the Section 513.2 Conflicts of Interest Prohibition as Being Vague and Overly Broad, and Contrary to BMS' Authority in Promulgating the Proposed IDDW Manual.</p> <p>Section 513.2 of the proposed IDDW Manual states that conflicts of interest and “self-referrals” are prohibited. Specifically, Service Coordinators may not “self-refer” service recipients for services to their employing agency or influence their Freedom of Choice. The penalties for violating this provision are (a) loss of provider certification for one year; (b) prohibition on billing by any involved Service Coordinator for up to one month; and (c) referral of any involved Service Coordinator to a professional licensing board for a violation of ethics.</p> <p>While conflicts of interest are a valid consideration in the service plan development process, only the Legislature</p>		<p>Coordination agencies. Additionally, any Service Coordinator who takes improper action as described above will be referred to their professional licensing board for a potential violation of ethics. (BMS notes that whether any action is taken would be within the sole discretion of the particular licensing board and depend upon its specific ethical rules). Reports of failure to abide by this Conflict of Interest policy will be investigated by the UMC and the results of this investigation will be reported to BMS for review and possible action.</p>	

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		<p>may enact penal provisions such as the conflict of interest provision contained in Section 513.2. The mere notion that BMS may define the ethical standards of any professional licensing board under Chapter 30 of the West Virginia Code is simply wrong.</p> <p>The West Virginia Legislature has considered the issue of fraud and abuse in the Medicaid program within Chapter 9, Article 7 of the Code. None of the statutes contained therein come close to matching the broad scope of the conflict of interest prohibition contained in Section 513.2, including the anti-kickback provision contained at W. Va. Code § 9-7-5(a). There is no West Virginia statutory authority for what BMS has created.</p> <p>To the extent Service Coordinators are licensed under Chapter 30, they would likely be licensed as either registered nurses or social workers. Neither the law governing registered nurses (W. Va. Code</p>			

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		<p>§ 30-7-11 and W. Va. C.S.R. § 19-3-14) or the law governing social workers (W. Va. Code § 30-30-26 and W. Va. C.S.R. § 25-6-4) contains any ethical prohibition remotely resembling the BMS conflict of interest prohibition in Section 513.2. The proposed referral for ethical violations to a professional licensure board is a ludicrous penalty not supported by any legal authority.</p> <p>In short, BMS has erected a standard that is overly broad and beyond the scope of its authority.</p> <p>The conflict of interest prohibition also unfairly focuses attention solely on the Service Coordinator, when in fact the Individual Program Plan (“IPP”) for each recipient is supposed be “...guided by the person’s needs, wishes, desires and goals but based upon the person’s assessed needs.” See, Proposed IDDW Manual Section 513.29. The IPP employs a process of matching those needs, wishes, desires, and goals with available services after being thoroughly vetted by the various</p>			

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		<p>members of the Interdisciplinary Team (“IDT”). That team by necessity includes many individuals, including the recipient of services, a legal representative, a Service Coordinator, a representative of all IDDW providers providing services to the recipient, and a Medley Advocate (if applicable). See, Proposed IDDW Manual Section 513.8.1. That Section specifically provides that while the Service Coordinator acts as a facilitator and coordinator for the meeting, the IDT is “...directed by the person or their [sic] legal representative utilizing a person-centered approach to planning. Hence, in most if not all situations, the proposed IDDW Manual contemplates a team approach to service plan development rather than a unilateral decision by a Service Coordinator.</p> <p>Additionally, in the current CMS-approved 1915(c) Waiver application, BMS specifically checks the box that entities and/or individuals that have responsibility for service plan development may provide other direct Waiver services to the</p>			

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		<p>participant. (See Appendix D-1: Service Plan Development). BMS specifically rejected the alternative under which it could have created a fully independent service coordination process. It did so due to the limited number of independent service coordination agencies in West Virginia, as outlined in the Waiver application.</p> <p>But in following this approach, BMS has also created a vague and undefined prohibition which it calls “self-referral” under the conflict of interest provisions. What exactly is and is not a self-referral? Does a self-referral occur automatically if the Service Coordinator works for a provider agency that is selected by the recipient and his or her IDT to deliver a service? One would hope not since that would make it impossible for the two to ever coincide. The clear intent of the BMS Waiver application, which checks the box that the two may indeed coincide, indicates a different intent by BMS.</p> <p>Yet by creating a blanket prohibition on all</p>			

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		<p>“self-referrals” with harsh penalties that would result in an agency’s loss of provider certification for one year, a loss of billing for services provided, and a referral of any involved Service Coordinator to a professional licensing board for an ethics violation, BMS has placed all Service Coordinators and their employers in a precariously “no-win” situation. While BMS is required to establish safeguards to ensure that service plan development is conducted in the best interests of the service recipient, BMS is not required to bludgeon the process with such a broadly and vaguely-worded prohibition on so-called “self-referrals” that carries unthinkable consequences.</p> <p>A more sensible approach would be to establish more specific conflict of interest standards applicable to the IDT/IPP process to avoid true conflicts. For example, any IDT member involved in the development of the IPP (and not just Service Coordinators) should be prohibited from receiving compensation in exchange for, or that varies based upon, the volume</p>			

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		<p>or value of services referred to a provider agency. That would eliminate any individual incentive to generate bogus referrals. By way of further example, any referral to a provider agency recommended by one of its employees should require the unanimous consent of the recipient, his or her legal representative, and the rest of the IDT. Carefully worded standards like this would give clear guidance to those engaged in the service plan development process without sacrificing its integrity.</p> <p>This more limited approach would also allow the conflict of interest concern to be addressed without voiding a recipient's choice of either a Service Coordinator or a service provider agency, should the first be an employee of the second. The overly broad and vague language included in the proposed IDDW Manual limits patient choice and injects unnecessary uncertainty into the IDT/IPP process to the detriment of all concerned.</p>			
156	10/31/2015	<p>Title of Email: Waiver Changes</p> <p>I have a daughter that is currently on</p>	<u>D</u>		See #1.

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		<p>wavier thru The Personal Options choice. She lives in her own apartment and with 24 staffing has finally begin to feel that she has a voice and most importantly some independency. She has her sister and two other employees that look after her.</p> <p>We were informed by a PPL employee that under the grant her sister would not be able to work with her. Now remember she lives on her own not in a family setting. Her sister is the person who knows her best, will work the shifts that no one else and cover when no one else will. So to tell us that she can longer get paid as she has for the last 2/3 years is crazy.</p> <p>Most of the related staff that my daughter and others like her depend are the ones best suited to care for them because they will put up with the temper tantrums and other behaviors far more than anyone else. To take that away is just simply wrong and will take any independence that they feel they gained under personal options and will put many like my daughter in a position of no care or to go back to living</p>			

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		<p>at home and feeling their lives and feelings no longer matter.</p> <p>Also saying that they can only have 8 hours a day pcs is crazy as well. Do you have any ideas how much trouble a person on waiver not in a family home can get into.</p> <p>By taking these things away it is the client of waiver that you are hurting. It is the client that you are putting in danger.</p> <p>Does these things not matter to you or are they just in your way and should not have the say in who does or does not care for them.</p> <p>If you cant improve it at least leave it as it is</p>			
157	11/1/2015	<p>Title of Email: public comment for IDD Waiver</p> <p>Listed below are some comments and observations of the affect of some of the proposed changes in the new IDD Manual</p>	<p><u>C – Comment 157(3)</u></p> <p><u>NC – Comment 157(1, 2, 4)</u></p>	<p><u>Comment 157(3)</u></p> <p>Section 513.20.1 Limitations and Caps has been revised - 5 additional hours per month for individuals who live in ISS</p>	

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		<p>The maximum units of Transportation Trips cannot exceed 2 one-way trips per day or 520 trips annually</p> <p>Comment 1: How is this portion of the program person centered, if trips are limited to two (2) per day and not based on the annual assessed needs and the individual's daily schedule? This arbitrary limit is disruptive to the natural rhythm life.</p> <p>The maximum annual units of In-Home Respite service may not exceed 3,650 units/912 hours (based upon average of 2.5 hours/ day) per IPP year. This is in combination with the following direct support services: Out-of-Home Respite, In-Home Respite: <i>Personal Options</i>, and Out-of-Home Respite: <i>Personal Options</i></p> <p>Comment 2: This drastic reduction of Respite Services is already having a devastating affect on individuals and their families by adding an additonal layer of stress to an already difficult situation. Just</p>		<p>or GH settings of LPN services will be allowed for office paperwork, but the actual direct care service being provided to the individual in their home will remain in the total of direct care service units allowed per day per living setting and must be within the assessed budget.</p>	<p>Comment 157(1) Trips - Individuals may access NEMT or Transportation miles for additional community outings.</p> <p>Comment 157(2) Respite – See #3 in Log</p>

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		<p><i>learning about this cut has increased the anxiety level and produced a cloud of hopelessness for the long term care and behavior/physical health of not only the member, but the primary caregive and subsequent caregivers.</i></p> <p>Comment #3: <i>Including LPN services with Person Centered Services in the daily tally of units is a grave injustice to both LPN's and Person Centered Support Professionals. These are two distinct disciplines and serve to complement each other rather that replace each other.</i></p> <p>The maximum annual units of Family PCS services cannot exceed 11,680 units/2,920 hours (based upon average of 8 hours per day) per IPP year for natural family/Specialized Family Care Home settings for persons aged 18 and older. This is in combination with the following direct support services: all other types of PCS, LPN, Crisis Intervention, and Electronic Monitoring.</p> <p>Comment 4: This reduction is</p>			

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		<p><i>also already having a devastating affect on individuals and their families. Many individuals have 14-16 waking hours in their day. By reducing the level of care by four (4) hours per day, who will attend to the needs of these individuals, especially with the reduction of Respite Services?</i></p> <p><i>We all realise there are limited funds for each program and we must all be good stewards of the available assets, however, these reductions do not appear to be assessment based for a program that prides itself on being person centered. This approach of whittling away units that have historically been proven to barely (in some cases) meet many of the assesses needs of individuals will no doubt continue to have a negative affect on quality of life of those we are privileged to serve.</i></p> <p><i>Thank you for the opportunity to comment on this IDD Manual and hopefully this sheds some addition light on the decision making process you are charged with.</i></p>			<p>Comment 157(4) Family PCS – See #8 in Log</p>

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158	11/1/2015	Title of Email: Here are my comments: (Comments 158 – 171) <ul style="list-style-type: none"> page 9 (last Sentence) Health and Safety training may be conducted by personnel deemed qualified by an IDT... Should the word "personnel" be changed to "an individual deemed qualified" so that a parent, legal representative or other individual familiar with the necessary training may provide it where outlined by the IDT in the IPP. 	<u>C</u>	513.2. Must be conducted by an RN, BSP or a Service Coordinator. If a member self directs, then the person receiving services or their program representative may do the training.	
159	11/1/2015	Title of Email: Here are my comments: (Comments 158 – 171) <ul style="list-style-type: none"> page 10 Assist the person receiving service in securing safe housing... This need to be better outlined as to what "assists" means or encompasses. 	<u>NC</u>		Assists means helping the individual find safe and affordable housing.
160	11/1/2015	Title of Email: Here are my comments: (Comments 158 – 171) <ul style="list-style-type: none"> page 11 Documentation of "competency-based training" Will definitions and/or expectations for this expectation be further outlined or will each provider have the opportunity to outline this in their own 	<u>NC</u>		Each provider will have the opportunity to outline this in their own policy/procedures. We suggestion paper testing, skills demonstration, etc. with a 90% passing rate.

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		policy/procedures? Will this expectation require paper testing, standardized testing, observational testing or just documentation that the staff has meet the competency level?			
161	11/1/2015	Title of Email: Here are my comments: (Comments 158 – 171) <ul style="list-style-type: none"> page 12 CBI prescreen The way the new manual reads it would lead one to believe that if a served individual is also an employee of the agency that they will now also be required to have background checks completed. Is this the intent of this requirement? 	<u>NC</u>		Yes
162	11/1/2015	Title of Email: Here are my comments: (Comments 158 – 171) <ul style="list-style-type: none"> page 13-14 Provisional Employee This section states a possible "60 day employment with DIRECT ON-SITE SUPERVISION. This is an impossible expectation to accept in a hiring process for community based services. The way this section reads would require a staff member who is only able to reach the "provisional employee" level would require another 	<u>NC</u>		It is a rare instance when the results from the WV CARES will not be back within a week.

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		staff on-site for up to 60 days. No matter how good you believe reimbursement rates are, there is no way providers will be able to pay for direct supervision in a community based program where the typical ratios are never set for more than one staff at a location.			
163	11/1/2015	Title of Email: Here are my comments: (Comments 158 – 171) <ul style="list-style-type: none"> page 23 recognition of QSW in personal options This seems to validate that the State does recognize the difference in the level of performance of staff between traditional and personal options. If Agency Staff must complete competency-based training while personal options QSW are only required to receive proof of training, then it would seem that even the Bureau for Medical Services is acknowledging a difference in staff performance expectations and the reflection that expectation should bring to the reimbursement rates for such different expectations. 	<u>NC</u>		The state realizes that in the Traditional Option, the IDDW agency provider is responsible for the training and evaluating of the performance level of their employees and in Personal Options, the individual being served or their Program Representative is responsible for the same.
164	11/1/2015	Title of Email: Here are my comments:	<u>NC</u>		The exact language says "if

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		(Comments 158 – 171) <ul style="list-style-type: none"> page 28 it reads as though there is an expectation for up to date social histories and psychologicals, is that being required again? 			applicable”.
165	11/1/2015	Title of Email: Here are my comments: (Comments 158 – 171) <ul style="list-style-type: none"> page 34-35 SC provider rejection of referral. If SC services are now under a due diligence of conflict of interest, why would the determination of "unable to provide the medical/behavior support" be directed at the SC provider and not targeted at the direct supports provider(s)? This seems to lessen the intent of the SC conflict of interest goal. 	<u>C</u>		The manual has been changed to read: Service Coordination providers that reject referrals due to service capacity may not receive future referrals until the capacity issues are resolved.
166	11/1/2015	Title of Email: Here are my comments: (Comments 158 – 171) page 37 Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) <ul style="list-style-type: none"> 77. Page 104: Reads as though we need a dr’s order on file for all RN services. We have an RN who completes some client-specific health/safety training with support staff 	<u>NC</u>		Legal Representatives and/or ISS/GH staff should make allowances to have back up staff available to assist if an individual’s behavior disrupts the IDT meeting.

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		<p>in the day program. Are you saying we need a dr's order on file for this? Or, does the 3rd paragraph on that page cover my question? I think so, but am still not sure about the dr's order. (individuals)</p> <p>Will challenging issues which hamper full meeting attendance of IPPs still be acceptable where the IDT recommends less than full attendance with goals to increase attendance time?</p>			
167	11/1/2015	<p>Title of Email: Here are my comments: (Comments 158 – 171)</p> <ul style="list-style-type: none"> page 39 Medley Class member quarterly meet Will the algorithms be adjusted for Medley class members due to new stringent budget allocations. This could be a possible discrimination issue requiring individuals to use support budgets to schedule required IPP reviews. 	<u>NC</u>		This is a requirement for all Medley Class Members who access IDDW services. A service coordinator needs to plan this meeting into their annual requests for service coordination units.
168	11/1/2015	<p>Title of Email: Here are my comments: (Comments 158 – 171)</p> <ul style="list-style-type: none"> page 49 BSP Since statewide training was promoted for BSPs, should they not also have it 	<u>NC</u>		BSP - Futures Planning sessions are a form of person-centered planning which is a BSP function.

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		listed as a valid billing activity to facilitate Futures Planning sessions rather than just attend/participate.			
169	11/1/2015	Title of Email: Here are my comments: (Comments 158 – 171) <ul style="list-style-type: none"> page 53 Crisis Services (and LPN/RN billing) not concurrent If the intent of this service is to help ensure the health and safety of an individual during a recognized crisis period why would you want to negate concurrent billing of LPN/RN (relieving a staff to have a nurse come in and provide a medical service/assessment may further push the individual's level of crisis just by having to make a staff change to alleviate a billing concern)? 	<u>NC</u>		LPN/RN – RN may be billed concurrently with other direct care services which include LPN.
170	11/1/2015	Title of Email: Here are my comments: (Comments 158 – 171) <ul style="list-style-type: none"> page 64 Facility based day hab, page 66 pre-voc What does it mean, "it is expected that after two years, transition to [the next level - pre-voc, supported employment] will take place?" This may not always occur, and what are the expectations where it is not a 	<u>NC</u>		If individuals are unable to transition to pre-vocational services after a period of 3 years accessing Facility Based Day Habilitation, then that individual will need access the community through Person-Centered Supports and/or

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		possible transition? How will exceptions be rated and under what circumstances?			Respite.
171	11/1/2015	Title of Email: Here are my comments: (Comments 158 – 171) <ul style="list-style-type: none"> page 115 discharge What if any exceptions will be available for individuals not making use of support services for more than a 30 day period (summer/winter vacations, acute care, rehabilitation placement in long term care, etc.)	<u>C</u>	The manual has been changed to read that at least one IDDW service must be accessed monthly in addition to Service Coordination. Acute care hospitalizations and rehabilitation placements will be considered as a reason to extend this period of time. Vacations or out of state placements in educational or psychiatric treatment facilities will not.	
172	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 1. Page 8: Goods & Services: I still would like to see this available under the Traditional service option.	<u>NC</u>		The Centers for Medicare and Medicaid will not allow this. The comparable services on the Traditional side are Environmental Accessibility Adaptations for Home and Vehicle.
173	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266)	<u>NC</u>		Yes

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		2. Page 9: How often is the provider agreement between the provider and BMS updated? Is this taken care of with the revalidation completed via Molina?			
174	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 3. Page 9: States-Ensure that a person is not discharged unless a viable ...: Can you explain the rationale behind this? We had a recent issue where a parent was considering transferring but told us she had not yet made a choice. A couple of days later the other agency contacted us and informed us we were “dragging our feet on the transfer”. Once it was confirmed the parent did wish to transfer, we facilitated it promptly, only to then be told by the receiving agency they didn’t want us to complete the transfer that fast. You can’t have it both ways.	<u>NC</u>		BMS agrees but agencies need to work together and should have cooperative agreements. The UMC can also help facilitate transfers and assist with problems that arise.
175	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 4. Page 9: States- ...and document all mandatory training on the Certificate of	<u>NC</u>		If you are utilizing a web-based training, then attach the certificate or description of the training to the fully

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		Training Form. Does this mean the I/DD-6 will need to be used to document training on things such as Abuse/Neglect and Client Rights? What if we are utilizing an approved web-based training tool?			completed DD6.
176	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 5. Page 9: States-Health and Safety training...(A) Are you referring to Training on Emergency Procedures and/or Training on Emergency Care as outlined on page 11? (B)Or, is this the same as the current manual, i.e. if a PCSF provider does not purchase the service, then it is not expected to be provided, although the rationale should be documented in the member’s IPP? Generally, in a non-24 hour agency setting, the parent is the expert on their child’s health and safety issues, so it makes no sense for them to tell agency staff what to do only to have the agency staff turn around and “train” them on what they said.	<u>NC</u>		If the IDT deems the parent is the most appropriate person to provide the training to other staff, then that is allowed. If the parent is an employee of the Traditional IDDW agency provider, then the IDDW agency must train the parent on Emergency Procedures per the Behavioral Health regulations – 64CSR11
177	10/29/15	Title of Email: Draft I/DD Waiver Manual	<u>NC</u>		Yes

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		Comments (Comments 172 – 266) 6. Page 10: States-Ensure that specific goals based on assessments...Is this the same as the current manual, i.e. formal goals are developed by a TC (now BSP) and have corresponding task analysis, while those who choose not to purchase TC/BSP services have informal goals identified on the IPP?			
178	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 7. Page 10: States-Subcontract with licensed individual or group practices...defined by the Office of Health Facility and Licensure...Can you reference the particular regulation from 64-11? Are you talking about PT/OT/ST/dietician?	<u>NC</u>		64CSR11 5.5g “All professional staff and consultants of the Center shall be in compliance with applicable State professional licensure requirements.”
179	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 8. Page 10: States-Maintain evidence of implementing a utilization review and quality improvement...Does the self-review meet this criteria or are you	<u>NC</u>		The self-review meets the requirement for utilization review, however, the agency must have a policy in place to use the results of the self-review as well as the annual

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		looking for something in addition (and duplicative) of the self-review?			UMC audit to improve the quality of the program.
180	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 9. Page 10: States-Provide an agency assigned IDDW Contact Person to...Review Home and Day services visits...and oversight of agency staff implementing IPPs...Are you saying the agency waiver contact specifically has to complete these activities or that the waiver contact is responsible for ensuring someone does?	<u>NC</u>		It is the responsibility of the agency assigned IDDW Contact Person to ensure that all of these functions occur. CYNTHIA – May need to revise the wording.
181	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 10. Page 11: Re: CPR/First Aid- Some cards only list a month/year as the date of expiration. If a card stated the expiration date as 11/2015, do you consider 11/30/2015 as the expiration date as opposed to 11/01/2015?	<u>NC</u>		Yes
182	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 11. Page 11: Training on emergency	<u>NC</u>		(A) Yes (B) Yes (C) Yes

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		procedures, which you are defining as crisis intervention and restraints—(A) Is this applicable for those who bill PCSF? (B) Is it applicable for those who do not purchase behavior services? (C) Is it required to be a face-to-face training?			
183	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 12. Page 11: States-Training must be provided on Person-specific needs (including health, behavioral health other needs). What specifically do you expect to see? I'm not sure I understand what you are looking for that wouldn't be covered by other training requirements.	<u>NC</u>		Training on member-specific goals, healthcare and behavioral issues, situational/environmental issues.
184	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 13. Page 11: Discusses training on direct care ethics. What is the objective of the training requirement? Part of our agency policies includes a code of ethics, which is basically common sense type things on providing a good service, recognizing the service is about the member and not about	<u>NC</u>		(A) Yes (B) Yes (C) Yes

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		the staff member, that activities are for the benefit of the member and not the staff person, etc. (A) Is that what you are looking for? (B) Can this training be web-based? (C) The manual also lists this requirement for PCS, which includes PCSF. What do you want them to be trained on? The same types of things a day program staff member would be?			
185	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 14. Page 11: Completion of the facilitated WV APBS Overview of PBS or the WVUCED PBS Direct Care Overview. (A) WOW! What are your expectations with this? For example, support staff (such as those who work in the day program) generally has quite a bit of turnover. It's not really feasible to complete a new face-to-face training that lasts for a number of hours. (B) PCSF providers are required to have this also? If so, even if the person they provide PCSF to has no behavioral services? (C) How often do you expect to see this training? (D) Can any of this be web-based? Particularly for those	<u>NC</u>		(A) That is the requirement that should be part of a new staff orientation. These trainings are not excessively long. (B) If the PCS F is employed by a Traditional IDDW agency provider. (C) Once. Hopefully an agency will require annual refreshers in the interest of quality improvement. (D) Some agencies use a web-based application of the facilitated overview, although a staff person has to be present.

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		providing services to members who do not require behavior supports or for those who do not purchase behavior supports? (I understand this genral training isn't billable. That is not what I am referencing). Please be more specific as to what your expectations are. (E) If these are expected to be face to face and for all providers of direct service, how will PPL providers meet this criteria?			(E) See D above and it is the decision of the individual who is self-directing or their Program Representative on whether this training would be required for the employees of the individual.
186	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 15. Page 11: Asks for the name of the internet provider for internet training. Are you talking about the web-based system being used such as Moodle, Blackboard, etc.?	<u>NC</u>		No, that is the internet server. The name of the company and the name of the training so that the UMC can research it.
187	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 16. Page 12: Internet training courses must be approved. Will providers be given an opportunity to update and submit these, as well as develop new ones for new training requirements? If so, what is the expected timeline?	<u>NC</u>		The IDDW provider agencies will have to have the internet training approved before providing it.

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188	10/29/15	<p>Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266)</p> <p>17. Page 12: Discusses staff that provide transportation, noting ...must abide by...vehicle licensing, registration and inspections upon hire and checked annually thereafter. Currently, if someone bills mileage, we keep a copy of their driver’s license, auto insurance and auto registration on file. Are you just saying if people bill mileage, they are expected to keep their car licensed, etc.? Or are you saying it is also the agency’s responsibility to check something additional? My vote is keeping a driver’s license and auto insurance on file. The rest of it can be the responsibility of the DMV.</p>	<u>NC</u>		This must be checked annually for any IDDW provider agency staff who bill transportation miles.

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189	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 18. Page 12: Conflict of interest-What if the individual does not have a professional license?	<u>D</u>		
190	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 19. Page 13: WV CARES-So this system will make the choice of whether or not an individual can be employed (for both pre-screening and fingerprints), correct? The waiver agency will not receive an actual CIB, but will receive something that says a person can or cannot be hired?	<u>NC</u>		Correct, the agency will no longer receive an actual CIB result.
191	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266)	<u>NC</u>		The WV Cares will do exactly what you do every month to verify that the staff person is

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		20. Page 15: WV CARES will complete the OIG checks on behalf of waiver agencies. What does researching the negative finding mean? For example, we have a handful of people each month whose name shows up. After we key in their social security number, we can verify they are not actually the problematic person. Is WV CARES going to complete the initial check, then we have to complete the SSN verification?			eligible for continued employment.
192	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 21. Page 15: WV CARES-How does payment for this work? I understand the rationale, but am not sure I agree with paying for someone’s transferrable background check.	<u>NC</u>		IDDW provider agencies should set up an escrow account. You may at some point employ someone whose background check was paid by another agency.
193	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 22. Page 16: Agency office site can serve no more than 8 contiguous counties. What is the purpose of this? What is an agency does not currently meet this guideline?	<u>C</u>	This has been removed from the manual.	

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194	10/29/15	<p>Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266)</p> <p>23. Page 16: ADA requirements-How is an agency expected to modify sidewalks, etc.? The restrooms have call lights and grab bars? Are these expectations in addition to the safety inspection that OHFLAC completes along with their surveys? In addition to the Fire Marshal inspection? Although I would consider our office perfectly acceptable, a good portion of our meetings are held in the home. Facility day programs (as opposed to the administrative office) have previously been held to a higher standard as far as the facility itself. I'm not sure if I'm missing the purpose of this guideline. Based on some of the other requirements listed— being open 40 hours, having access to the internet, etc., I gather problems have been noted during audits.</p>	<u>C</u>	<p>This bullet has been updated to read:</p> <p>The restrooms have grab bars for convenience.</p>	All offices should be ADA compliant.
195	10/29/15	<p>Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266)</p> <p>24. Page 16: Agency secure e-mail: Is your</p>	<u>NC</u>		Yes

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		expectation something such as the email system used by APS?			
196	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 25. Page 16: Personal electronic devices are prohibited. I may have some questions about this later, but am including it in my comments so as not to forget.	<u>NC</u>		See #10 above
197	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 26. Page 16: Social media-I previously followed up with APS/BMS and was told we could do so, provided we had a consent on file from the guardian. Is this not the case? If so, what is the consequence? Just curious, as other agencies currently do this. We do not, but planned to do so after obtaining consents. I do not know if others have consents on file already.	<u>NC</u>		Referencing people receiving IDDW Services on social medical is strictly prohibited. Agencies who are found to be doing this will be reported to OHFLAC for violation of 64CSR11 Section 5.5.b.3, 5.5.d and 5.5.j.2
198	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 27. Page 16: Maintain a 4 hour contact	<u>C</u>	Personal Attendant Agencies has been removed.	

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		method for a Personal Attendant Agency. What is a Personal Attendant Agency?			
199	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 28. Page 16: Electronic signature-Need more detail. I previously obtained permission from BMS to have PCSF and family respite providers sign a signature on file form, allowing them to type their name into a billing sheet. Is this still acceptable?	<u>NC</u>		Yes. Please refer to Chapter 300, Section 320.5 for more information on electronic signatures.
200	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 29. Page 20: Discusses self-reviews-It was previously discussed that self-reviews would no longer be required, but that appears to not be the case. They will be required annually and APS reviews will take place every other year, correct?	<u>NC</u>		Agency self-reviews will be required annually. The UMC will be reviewing each agency on-site annually, and will follow-up on the Plan of Correction implementation within six months of the on-site review.
201	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 30. Page 21: Behavior curriculum—With the new manual, does developing a	<u>NC</u>		It is possible the WVCED would agree to review revised curriculums, but we are not sure at this time.

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		curriculum open again? I had some issues with ours, but am now more informed about what is being looked for.			
202	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 31. Page 22: Be able to provide documentation that certifies completion of an approved training course...I don't understand why someone would have certification for a program, in addition to being an approved trainer for a program.	<u>NC</u>		This was a recommendation from the WVAPBS.
203	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 32. Page 22: Dietitian (also ST/OT/PT): If a provider is an enrolled Medicaid provider, then a waiver agency only needs to contract with them. Keeping other documents (copies of their license, etc.) is no longer required.	<u>NC</u>		The IDDW provider agency must keep all credentialing information on file. As noted in Section 513.2, 13 th bullet: Subcontract with licensed individual or group practices of the behavioral health profession as defined by the Office of Health Facility and Licensure, if contracting occurs
204	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments	<u>NC</u>		The employee of record (the individual receiving services)

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		<p>(Comments 172 – 266) 33. Page 23: If I understand correctly, “Qualified Support Workers” billing via PPL have SIGNIFICANTLY less training required than providers billing via a traditional agency? Why? And if my understanding is correct, why the increase in training for traditional providers but not for PPL? What is the rationale and who is responsible? BMS? PPL? I would to know the specific rationale as well as a specific name to follow up with so that we can pass the information on to our legal representative for follow up. I simply do not understand why there is such a discrepancy other than if it is to drive people to choose “self-directed” services, not because I feel it is true self-direction, but because PPL pays more as they receive administrative fees that are covered outside the member’s budget, in addition to training requirements being more lax.</p>			<p>or their Program Representative decides what training is needed. This is one of the basic tenets of self-direction. PPL cannot pay more than the Medicaid rate for any give service.</p>
205	10/29/15	<p>Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 34. Page 25: Stand-By Intervention Agency Staff Qualifications: Is this for electronic</p>	<u>NC</u>		Yes

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		monitoring?			
206	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 35. Page 26: Is the IMS going to be updated? Additional training on the IMS has been discussed. Do you expect that will be provided?	<u>NC</u>		Yes, we expect a Go Live date of December 2015.
207	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 36. Page 26: I think it would be beneficial to clarify that those who bill via PPL need to report incidents to PL and that PPL is responsible for reporting.	<u>NC</u>		PPL can and do report incidents in the WVIMS, however, it is the Service Coordinator’s responsibility to do so. Also, this is a billable service for the Service Coordinator.
208	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 37. Page 27: Record retention: I thought if a member is under age 18, then their records have to be kept until 5 years after their 18 th birthday? Is that incorrect?	<u>NC</u>		All records must be kept for a period of 5 years, whether the person receiving services is a child or an adult. If there is a dispute concerning a service provided, then the records must be maintained until the end of the dispute.
209	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments	<u>NC</u>		If an individual attends any type of Day Services, then

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		(Comments 172 – 266) 38. Page 28: Attendance records to substantiate services billed? What specifically do you expect to see?			documentation of days attended. If an individual lives in an ISS/GH, then documentation that the individual spent the night at home that night (as opposed to a hospital).
210	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 39. Page 28: States-Monitoring and review of services as related to the IPP or monthly summary (visit)...I would like to see a specific example of this.	<u>NC</u>		This would be progress note for what occurred during Day Services, Progress notes on individuals who reside GH/ISS, monthly home visits by the SC.
211	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 40. Page 28: The IPP must be attached to the web portal...Someone reviews all IPPs. Is it acceptable to upload an IPP after it is documented in order to obtain authorizations, but then upload it again if errors are found? We often find the IPP meets the minimum requirements, but could use a bit more explanation in some areas.	<u>NC</u>		Anytime a new IPP is created and signed off by the team, then it should be uploaded to the UMC web portal. After an IPP is signed off on and uploaded, more explanations should not be added without getting signatures of team members.

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212	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 41. Page 28: IEP—Are you saying the IEP needs attached to the IPP or that it just needs to be referenced as an assessment within the IPP? Please note it is often difficult to obtain copies of the IEP from either the parent or the school, especially within a timely fashion.	<u>NC</u>		Yes, it should be attached. Parents of minor children should have copies of their child’s IEP. The school would not be expected to provide to an IDDW agency, but the parent should.
213	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 42. Page 29: Must be at least 3 years of age—Does this mean the member cannot apply until age 3? Or they can apply before age 3 as they will likely not receive a slot quickly?	<u>NC</u>		They must wait until age 3 to apply.
214	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 43. Page 29: The manual indicates a difference between behavioral health centers and IDDW providers. Please explain.	<u>NC</u>		Some agencies are licensed to provide behavioral health services in addition to IDDW services and some are licensed to only provide IDDW services.
215	10/29/15	Title of Email: Draft I/DD Waiver Manual	<u>D</u>		See #25

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		Comments (Comments 172 – 266) 44. Page 30: States if an applicant is denied medical eligibility, then they are enrolled into the program.			
216	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 45. Page 31: The applicant can access their IPE—Can the waiver agency provide a copy of the psychological evaluation to the parent? When we previously had contracts with psychologists, the psychologist released the evaluation to the parent.	<u>NC</u>		The Independent Psychologist provides a copy to the individual/legal representative as a matter of practice.
217	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 46. Page 32: Discusses the need for active treatment.-Informal goals continue to meet the criteria for this? Based on the additional explanation on page 33, it seems so.	<u>NC</u>		Yes
218	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266)	<u>NC</u>		See #10

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		47. Page 33: Please note that some DHHR offices do not follow this process and have refused to provide verification of financial eligibility other than initial financial eligibility and notice of if it lapses. I will send additional info via separate e-mail.			
219	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 48. Page 36: Financial Eligibility: Please note that some DHHR offices do not follow this process and have refused to provide verification of financial eligibility other than initial financial eligibility and notice of if it lapses. I will send additional info via separate e-mail.	<u>D</u>		See #218
220	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 49. IPP Attendance: Does the member have to attend the entire IPP?	<u>NC</u>		No, but it is strongly recommended as the IPP is the planning document for an entire year of this person’s life and they should be a major presence and deciding force.
221	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266)	<u>NC</u>		Yes

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		50. Page 38: IPP Components: We generally do not receive copies of the spending plan within 14 days and sometimes not at all. We note this in the IPP. Is this still acceptable?			
222	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 51. Page 38: Crisis Plan: Added a component to address bed bugs? Is this required in a natural family setting?	<u>NC</u>		Yes.
223	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 52. Page 38-39: Discussed client in a crisis site-Manual indicates IPP can still be held. What if the person is in an out of state residential placement?	<u>C</u>	A DD12 should be submitted and after 30 days this individual must be discharged from the IDDW program unless there has been additional days approved by the UMC/BMS.	
224	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 53. Page 39: IPP should be held in a location convenient to the person—I recently sent an e-mail to APS and BMS about this. Another agency noting they are holding meetings in public restaurants. The	<u>C</u>	This sentence has been modified to read: IDT meetings should be held in a location that is convenient to the person, however, the location of the meeting must ensure the confidentiality of	

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		response was this should not occur so this should probably be revised.		the person receiving services. Restaurants or other public locations are not appropriate sites to conduct IPP meetings.	
225	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 54. Page 39: IDT—Representatives of all IDDW providers—Please clarify. For example, if agency A provides SC services and agency B provides residential services, to include TC and RN services, is it acceptable for only the home supervisor from Agency B to attend the IPP or do you want the TC and RN to attend also? This has come up before, so it would be nice for it to be in the manual.	<u>NC</u>		As long as there is a representative from each agency that provides services present and the representative is able to present reports from other professionals from their agency, then this would be acceptable.
226	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 55. Page 46: Personal Options #10: I would like to have specific information as to how taxes work with personal options, i.e. what is the maximum each provider (parent, SFCP, respite—for any type of provider that can bill via PPL) is paid as	<u>NC</u>		The number of hours and miles that can be billed through the Personal Options program by PCS and Respite workers is dependent on the amounts of these services requested by the Service Coordinator and approved by APS Healthcare. Just like in

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		well as clarification on if this is before or after taxes for each type of provider. Also, clarification on if they pay taxes, and if so, which ones and why?			<p>the Traditional model, the amounts of these services cannot exceed the unit caps in the policy manual and the cost of the services must be within the program member's budget and be based upon the member's needs.</p> <p>Once approved by APS Healthcare, PPL "monetizes" the services to create the member's participant-directed budget. PPL meets with the member, legal guardian and Personal Options Program Representative (when applicable) to develop the Spending Plan. This document details the services, names and planned hours of the Qualified Support Workers and their hourly wages. The hourly wage must be at least minimum wage (currently</p>

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					<p>\$8.00 per hour) and no more than the Medicaid rate for the services (currently \$2.74 per unit/\$10.96 per hour.)</p> <p>As the contracted FMS vendor, PPL withholds all applicable taxes and fees from the participants' budgets and the Qualified Support Workers' paychecks. These include Federal and State income taxes, Social Security and Medicare (FICA tax), Federal Unemployment Tax (FUTA) and city service fees. The specific amounts of these withholdings is dependent upon each worker's relationship to the program member who is the common law employer as well as the workers' tax filing status—i.e. single with zero allowances. Some workers</p>

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					qualify for the IRS Difficulty of Care Exclusion which excludes Waiver payments from Federal Income tax. Also, workers who are biological or adoptive parents of the program member are excluded from FICA and FUTA tax. As a result, qualifying workers (typically parents) can have a maximum gross wage of \$10.96/hour with no Federal Income tax withheld. The maximum hourly wage of non-parent workers (typically Respite workers) is \$9.88.
227	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 56. Page 49: States a BSP can verify data compiled by Direct Support Professionals for accuracy. Can you be more specific in what you are expecting them to do?	<u>NC</u>		If a Direct Support Professional is averaging or tallying a task analysis sheet, then the BSP can check for accuracy.
228	10/29/15	Title of Email: Draft I/DD Waiver Manual	<u>NC</u>		The IPP code for the BSP is for

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		Comments (Comments 172 – 266) 57. Page 52: 3 rd bullet—states BSP has to attend face to face to bill for attending IPPs. States “IPP cannot be billed for preparation prior or follow-up performed after the IPP meeting.” I think this means you can’t bill the IPP Development code for IPP prep, etc., but that you can still bill the BSP code for preparing for the IPP. Correct?			actual attendance at the IPP meeting.
229	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 58. Page 62: EAA/Goods & Services: I still think traditional providers should be able to offer G&S.	<u>D</u>		See #172
230	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 59. Page 63: EAA Vehicle may not be used to adapt a vehicle owned/leased by a paid provider of DDW services—Please clarify. It reads as if a parent is paid for PCSF services, then they cannot access EAA vehicle for this purpose when they are in	<u>C</u>	This sentence has been modified to read: This service may not be used to adapt a vehicle owned or leased by an IDDW provider agency.	

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		all likelihood providing the car for the individual.			
231	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 60. Page 64: Discusses that facility day hab will not be available after 3 years. However, if someone chooses to meet Federal guidelines, then they will be permitted to keep a facility day program open. Correct? Also, facility day hab will continue for 3 years, but can be replaced by pre-voc for up to 2 years after that, with a potential setting being a facility day program. Correct?	<u>NC</u>		Yes, if a facility meets the Federal Guidelines for the Integrated Setting Rule, then the IDDW provider agency will be permitted to keep the program open. The IDDW provider agency can provide Prevocational Services after Dec. 1, 2015 if they are already approved to provide Facility Based Day Habilitation services.
232	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 61. Page 65: Under “documentation”, the manual discusses the facility day hab staff must complete task analysis as training is always provided in that setting. Are you saying that if someone attends a day program 6 hours per day that they need 6 hours of tasks with task analysis or that some task analysis are required but that informal goals are also acceptable?	<u>NC</u>		All attendance at FBDH must be substantiated by training documented on task analysis sheets. No informal goals should be billed to Medicaid.

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233	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 62. Page 71: States G&S must be listed on the annual IPP unless it is a new need. The EAA section does not say this. I'm confused as to the difference as it is essentially the same service, with EAA having extra restrictions.	<u>C</u>	This sentence has been added to both EAA Home and EAA Vehicle: The specific item(s) must be documented on the IPP.	
234	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 63. Page 75: States there is a cap of 8 hours of PCSF per day for someone who is 18 or older. Does this mean they can also use up to 8 hours of PCSF per day if they are 18 or older, but also still in school?	<u>NC</u>		Yes, as long as it is an assessed need AND within the individually assigned budget.
235	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 64. Page 75: I'm confused by some of the caps. For example, this page notes all direct support services cannot exceed an average of 12 hours per day, with one of the included services being SE, but the supported employment section states an individual cannot access more than 40	<u>NC</u>		An individual over the age of 18 may access up to 12 hours of direct care services per day as long as there is an assessed need AND it is within the individual's assigned budget HOWEVER no more than 8 hours of this can be PCS. If an individual wants to access 8

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		hours per week (8 hours per day) of SE, inclusive of other direct services.			hours of SE, then only 4 hours that day would be available for PCS.
236	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 65. Page 75: States only an SFCP can provide services in a hospital as indicated by behavioral needs. To clarify, if a PCSF provider other than an SFCP provides this service, it is considered to be a natural support. Correct?	<u>NC</u>		Yes
237	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 66. Page 78: Home-Based Person-Centered Support –This is equivalent to PCSA, correct? If so, what’s the purpose of the name change?	<u>NC</u>		Yes, correct. The purpose of the name change was to identify whether this service was occurring in a NF or SFCP setting or in an ISS or GH. CMS created a taxonomy template that identified the different types of settings and services for all states to use so that CMS can gather similar information from each state for data purposes.
238	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments	<u>NC</u>		It would depend on the needs of the individual, their

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		(Comments 172 – 266) 67. Page 82: An average of 12 hours per day—This is 84 hours per week. So, a person could receive 10 hours per day of service M-F and 17 hours per day on Saturday and Sunday? Or is there a hard cap on daily service to allow for sleep?			assigned budget, their living setting and a schedule of which services are being provided when.
239	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 68. Page 87: States the service is limited to 3 individuals per setting and notes they must be non-related other than siblings. I don't understand the purpose of the guideline. What if the individuals are cousins?	<u>NC</u>		Any setting with 4 individuals receiving IDDW services must be licensed by OHFLAC. Personal Options may not be provided in a licensed setting, thus the number of individuals residing in a Personal Options Unlicensed Residential Setting must be 3 or less. If the individuals receiving services were cousins, then this would be allowed.
240	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 69. Page 92: Service names are somewhat confusing—in home respite can be provided in a day program?	<u>D</u>		
241	10/29/15	Title of Email: Draft I/DD Waiver Manual	<u>NC</u>		It is highly recommended that

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		<p>Comments (Comments 172 – 266) 70. Page 98: Financial eligibility—Is it really necessary for the SC to do this? I ask as it is often difficult to obtain written verification from the parent or DHHR. If someone lets FE lapse, then our claims don't get paid. Does this really serve a purpose, as someone somewhere does stop claims from paying if FE is not re-established. Also, I would like to request a different method for verifying via Molina Medicaid. Anyone with an agency's Medicaid provider number can call in an access a lot more info than financial eligibility. This is particularly bothersome if you have a disgruntled prior employee. Or a prior employee who should no longer have access to client info.</p>			<p>the SC does this so that agencies do not continue to provide services for which they are unable to be reimbursed due to lapse or loss of financial eligibility. Your request will be elevated to BMS leadership, thank you for the concern and bringing that to our attention.</p>
242	10/29/15	<p>Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 71. Page 98: SC advocacy within the school system—please provide additional info as to what your expectations are in this area, what is allowed, etc.</p>	<u>NC</u>		<p>It is expected that the SC would link and refer the parent of a minor child to various advocacy agencies and resources to assist with any difficulties the child may be experiencing in a school</p>

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					setting.
243	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 72. Page 99: States the IPP has to be uploaded within 14 days of the IDT meeting and that no services will be authorized until this is done. –Are you including the date of the IPP meeting? Can this be business days as opposed to calendar days?	<u>NC</u>		The date of the IPP is not included in the 14 calendar days.
244	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 73. Page 101: States up to 4 SC units per month can be billed to review services. Please provide a written example of what you are looking for, or a couple of examples if there is more than 1 scenario.	<u>D</u>		See #138
245	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 74. Page 101: States SC cannot bill for training. Please consider modifying this for when an individual does not purchase TC services for some trainings that are required, such as training on a crisis plan.	<u>NC</u>		The SC cannot bill for training. The IDDW provider agency can use other resources for this need.

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246	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 75. Page 101: States SC cannot be billed for developing goals for a person. What about when the guardian does not purchase TC services but the PCSF provider must still have some informal goals, etc. ? SC needs to review the ECA at the least and determine what is/is not billable as indicated by ECA. If there is no TC, who does this? Why can't it be included as part of billable IPP preparation for an SC?	<u>NC</u>		If the individual is using natural support to provide informal training then no goals are needed. If the parent does not demonstrate the ability to provide training through natural support, then formal goals must be implemented.
247	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 76. Page 101: SC cannot be billed if HV did not occur—Recommend adding unless an approved IDD12 is on file.	<u>C</u>	This bullet has been modified to read: Service Coordination cannot be billed for the entire calendar month if a home visit did not occur within that calendar month unless an approved WV-BMS- DD12 is on file. The WV-BMS-DD12 must be approved within the calendar month the home visit did not occur.	
248	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266)	<u>NC</u>		Nurses can complete duties related to training of staff within their scope of practice

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		77. Page 104: Reads as though we need a dr's order on file for all RN services. We have an RN who completes some client-specific health/safety training with support staff in the day program. Are you saying we need a dr's order on file for this? Or, does the 3rd paragraph on that page cover my question? I think so, but am still not sure about the dr's order.			without a physician order to specifically state that RN services are needed for staff training. Furthermore, if the individual is in need of RN or LPN services, there will be physician orders in place directing the member's care. Therefore, the nurse would be practicing under the prescribed physician orders for that member. Each member that receives nursing services through waiver has physician orders in place directing their care, which is what the RN and LPN would both follow in taking care of that member. This is also what the RN would look at when providing training.
249	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 78. Page 104: States the RN may bill to	<u>NC</u>		Yes

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		complete assessments if a person’s medical needs warrant an individualized assessment. We previously obtained permission for the RN to complete a client-specific medical section as art of the crisis plan. Is this still acceptable? We only do this for those who receive services from non-family members or if the family member requests training on a specific health, etc. issue.			
250	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 79. Page 106: NEMT: Does this mean a PCSF provider must use NEMT for taking their child to the dr? Please provide a more specific list of reasons that waiver cannot be billed for transportation.	<u>NC</u>		Yes. IDDW cannot be used to travel to and from medical appointments. The parent should provide this as a natural support, but realizing that many specialty doctors are located far away parents are encouraged to sign up under Friends and Family with the NEMT program so they may be reimbursed.
251	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 80. Page 107: The IPP must specify the number of miles per service—Are you	<u>NC</u>		No

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		looking for anything different than with the current manual?			
252	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 81. Page 107: Mileage must be related to a specific activity or service...--Please provide several specific examples of what your expectations are.	<u>NC</u>		It must be a service or activity documented on the IPP, remember that the IDDW is a payer of last resort, thus many family activities, such as going to church, going to a movie, going shopping, visiting relatives do not belong on the IPP and thus are not reimbursable.
253	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 82. Page 110: Is there a consequence for not submitting a purchase within 10 days (other than non-payment until the services are authorized)?	<u>NC</u>		This section refers to requests for prior authorizations not payments. If the agency delays any longer than 10 days after an IPP to submit requests for services, then the agency will not be paid for any services provided within that first 10 days after an IPP.
254	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 83. Page 110: States IDDW providers must bill private insurance, etc. first and that SC	<u>NC</u>		Check with BMS Office of Finance, Third Party Liability Claims

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		must inform the person, their family/legal rep that Medicaid is secondary to private insurance.—How would I bill private insurance? Can we just have the guardian sign something indicating we have informed them of this? We could also have applicable providers (such as an OT provider) sign a form also indicating they are aware they have to bill private insurance, etc. first before billing via waiver. Will this work?			
255	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 84. Page 111: Seems to contradict an earlier section in the manual (page 75) with regard to billing PCS in a hospital setting. Page 111 reads as though it is acceptable for PCSF to be billed for this. Page 75 reads as though it is not. The current manual allows a PCSF provider to do so, so I am not sure what the intent is.	<u>C</u>	This paragraph has been removed.	
256	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 85. Page 112: States he person must be present at the IPP if they do not have a	<u>C</u>	This sentence has been modified to read: The person must be present and stay for the entire meeting	

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		legal representative. I think it would clear up confusion in the future if the manual specified the person has to attend the whole meeting or if it is acceptable to make an appearance.		if they do not have a legal representative.	
257	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 86. Page 112: To provide SC with income info so FE can be monitored—what is your expectation? Please also refer to my comments under item #47, 48 70.	<u>NC</u>		If the individual has received any monetary gifts/inheritances that would lead to financial ineligibility is one example.
258	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 87. Page 115: States a person must access at least 1 direct care service per month to maintain program eligibility. This is a change from every 180 days, correct? Also, per other sections of the manual, it appears as though respite is no longer considered a direct service. Is this correct?	<u>D</u>		See #14
259	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 88. Page 115: Mentions “either” of the participant directed service options. Is	<u>C</u>	This sentence has been modified to read: IDDW Service Coordination providers may not discharge a	

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		there more than 1 option??		person if the person chooses to self-direct part of their services through the Participant-Directed service option.	
260	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 89. Page 115: Please see comments under item #3.			
261	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 90. Page 117: Definition for critical juncture includes some things that would currently be taken care of via addendum. For example, if a service is already purchased and needed increased, we would complete an addendum, not a CJ. Will this change?	<u>NC</u>		No
262	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 91. Page 120: Typo under Medley Class Member: “Lain” State Hospital=Lakin?	<u>C</u>	Lakin is correct and the typo has been corrected. BMS also removed Mental Retardation in the definition. The definition now reads: Individuals with a diagnosis of intellectual disabilities who	

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				were institutionalized prior to the age of 23 in a West Virginia state institution i.e. Weston State Hospital, William Sharpe Hospital, Huntington State Hospital, Mildred Bateman Hospital, Colin- Anderson Center, Greenbrier Center, Spencer State Hospital, Lakin State Hospital or Hope Mont State Hospital for at least 30 days and whose birth date is on or after April 1, 1956.	
263	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 92. Page 121: So, we’re going to call a member a person now? Not a client or a consumer, etc.?	<u>NC</u>		Yes
264	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 93. Page 121: Person’s family residence—“Family person”—May want to specify the difference between who the person lives with versus PCSF since PCSF providers	<u>C</u>	This definition has been changed to read: Person’s Family Residence: A residence where the person has a 911 address and lives with at least one biological,	

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		are specifically defined elsewhere in the manual.		adoptive, natural, or other family member and/or a certified Specialized Family Care Provider.	
265	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 94. Page 122: The ASO is now the UMC?	<u>NC</u>		Yes
266	10/29/15	Title of Email: Draft I/DD Waiver Manual Comments (Comments 172 – 266) 95. Caps: Would it be possible to have a spreadsheet provided that is conditionally formatted re: issues with caps? (Like the one provided with prior manuals that assists with identifying issues proactively)?	<u>NC</u>		Yes, this has been provided during the state-wide trainings to IDDW provider agencies.
267	10/30/2015	Title of Email: Comments (Comments 267 – 284) Comment #1 - Pg 12 “Any applicant with a negative finding on any required registry or licensure database is not eligible to be employed “ This direct statement conflicts the list of negative findings that disqualify and the variance information. I would recommend	<u>NC</u>		This section was written by the WV CARES program staff and is based on the WV Cares Act.

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		deleting this sentence.			
268	10/30/2015	Title of Email: Comments (Comments 267 – 284) Comment #2 - Pg 33 513.6.2.3 Documentation must support that the applicant would benefit from continuous active treatment. The use of the word continuous is misleading. All people require access to downtime.	<u>NC</u>		The individual must show they would benefit from continuous active treatment, but that does not mean they must receive continuous active treatment. Obviously when relaxing at home the individual would access downtime.
269	10/30/2015	Title of Email: Comments (Comments 267 – 284) Comment #3- Pg 37 513.8 IPP “The person who receives services must attend the IPP”. This needs clarification. Is there still a DD-12 process if people do not wish to attend? Are not able to attend?	<u>D</u>		See #166
270	10/30/2015	Title of Email: Comments (Comments 267 – 284) Comment #4 - Overall The terms functional assessment, which I	<u>NC</u>		The annual functional assessment (FA) is completed by the UMC to re-determine medical eligibility and to

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		believe refers to the annual APS assessments and functional behavioral assessment are confusing since most practitioners would consider the functional assessment the same as the functional behavior assessment. Please consider alternative wording, and/or place these terms in the glossary.			assign an individual budget. The functional behavioral assessment (FBA) is used by BSPs. These are two separate assessments and thus, have two separate names.
271	10/30/2015	Title of Email: Comments (Comments 267 – 284) Comment #5 - Pg 75 513.17 1.1 and other locations Under limitations and caps it indicates that “ add direct support services cannot exceed and average of 12 hours per day on days when.....” We read this to state that a member can receive services above the typical average if utilizing facility based day hab, job development, pre-voc, or supported employment. This again appears to dictate order of important of services to the team.	<u>NC</u>		It does dictate that Person-Centered Supports are the most important service for individuals on this program and thus must be purchased first before other auxiliary services.
272	10/30/2015	Title of Email: Comments (Comments 267 – 284)	<u>NC</u>		Some examples are: Dental Work (for adult)

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		<p>Comment #6 - Pg 72, 73 513.16</p> <p>goods and services</p> <p>Please consider providing some examples of the kinds of services that can be authorized via goods and services.</p>			<p>Vision (glasses for adult)</p> <p>Gym membership\</p> <p>Bath chair</p> <p>Lifts</p>
273	10/30/2015	<p>Title of Email: Comments (Comments 267 – 284)</p> <p>Comment #7 - Pg 39 513.8.1 IDT</p> <p>“order of importance”</p> <p>Dictating that teams follow an order of importance in purchasing services limits member choice and team decision. In most instances we agree that direct care services are more important than professional services, but SC is a required service. What if the team doesn’t deem SC as important as PCS or LPN?</p>	<u>NC</u>		<p>Every individual must purchase SC. If the individual does not appear to have enough funds in their individualized budget to purchase SC, then the UMC/BMS will review and make suggestions on what other services can be adjusted to allow for SC units.</p>
274	10/30/2015	<p>Title of Email: Comments (Comments 267 – 284)</p> <p>Comment# 8 - Pg 98 1st paragraph</p> <p>“Just” should be “must”</p>	<u>D</u>		

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275	10/30/2015	<p>Title of Email: Comments (Comments 267 – 284) Comment #9 - Pg 115 513.26</p> <p>“A person does not access or utilize at least one direct care IDDW service each month.”</p> <p>Currently a member must access at least one service every 6 months before discharge. We are greatly concerned about what this means for people who have a temporary placement, hospitalization, have family out of state, etc. would there be DD-12 exceptions for this?</p>	<u>D</u>		See #14
276	10/30/2015	<p>Title of Email: Comments (Comments 267 – 284) Comment #10 - Pg 113 513.25.4</p> <p>Appeals</p> <p>Appreciate the clarification regarding serve end dates after appeal.</p>	<u>NC</u>		
277	10/30/2015	<p>Title of Email: Comments (Comments 267 – 284) Comment #11 - Pg 101 513.19.1 SC</p>	<u>NC</u>		We believe the intent is clear that SC cannot bill for performing administrative tasks related to ISS/GH

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		<p>Service Coordination cannot be billed for activities that should be performed by a home manager.</p> <p>Home manager is not necessarily a waiver term. We believe that it should be clearly defined as Home manager is a job description that some agency have created. Another alternative would be simply to list some types of items that are not considered SC.</p>			settings.
278	10/30/2015	<p>Title of Email: Comments (Comments 267 – 284) Comment #12 - Pg 513.21</p> <p>NEMT requirement</p> <p>Accessing NEMT proves to be extremely difficult, potentially for people who reside ISS homes due to the impractical nature. It is impractical for all agency direct care staff to be certified as NEMT drivers therefore members are limited to accessing appointments. If the member utilizes a community resource for this then they would have to return home and then bill more miles if they plan to access the</p>	<u>NC</u>		CMS said the IDDW could not duplicate state plan services. NEMT is a state plan service.

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		community that same day. This is a service that should be a possible resource for members' but not forced upon them. The tax dollars that support NEMT are ultimately the same tax dollars that support I/DD Waiver and forcing the use of NEMT is potentially a waste of those dollars.			
279	10/30/2015	<p>Title of Email: Comments (Comments 267 – 284) Comment #13 - Pg. 107 513.21.1</p> <p>Odometer reading requirement</p> <p>This is going to increase costs for Waiver and for agencies. There are often several ways to go to the same place. For instance, if a person takes the interstate from Lewisburg to Alderson WV. One is 22 miles, one is 16 miles and one is 21 miles. They all take similar lengths of time. There are also ways to add to the miles by going across a mountain road for a “ride”. We are aware of the basic miles between these places and if mileage appears to be added upon we disallow the extra and bill accordingly, but if the odometer reading shows 25 miles agencies will need to bill at</p>	<u>NC</u>		The Medicaid Fraud Control Unit requested this be added to the manual due to fraudulent billings. IDDW provider agencies should be good stewards of Medicaid dollars and should ensure that paid staff always take the shortest most efficient route.

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		that amount.			
280	10/30/2015	Title of Email: Comments (Comments 267 – 284) Comment #14- Pg 115 Must receive at least 1 direct care service each month. Limits member. There are people who go to family for the summer, etc.	<u>D</u>		See #14.
281	10/30/2015	Title of Email: Comments (Comments 267 – 284) Comment #15 - Pg 86 Staff providing Unlicensed residential PCS-PO cannot be a family member of the person who receives services. We agree with this statement at its core, but believe that there should be some form of exception to the rule in the event that the family is unable to hire and maintain appropriate staff. There are rumors of cases around the state in which boy/girlfriends and significant others provide this service because they are not officially family. What is the difference	<u>D</u>		See #1.

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		between this and aunt Sally providing the service? Safeguards would need to be in place to ensure that this is not a way for a family setting to attempt to obtain 24 hour services.			
282	10/30/2015	<p>Title of Email: Comments (Comments 267 – 284) Comment #16 - Pgs 102-105 513.20.1 LPN</p> <p>Needs clarification. Children under 21 should be eligible for a minimal amount of LPN services. Can't occur for kids under 21. LPN need to read with group. No vitals, no menu planning, ambulation, hygiene. All require DD-9</p> <p>Limitations caps 5th bullet. It is unclear if LPNs are allowed to bill in addition to direct care services is an average of under 2 hours per day is used. There are duties that RNs may perform that may be "billed down" to LPN in an office setting such as procuring equipment, reviewing orders when medications are not involved, etc. 6th bullet- appears that the manual means that taking vitals, providing hygiene,</p>	<p><u>D – 282(1st Comment)</u></p> <p><u>C – 282 (2nd Comment)</u></p>	The manual has been modified to allow 2,920 units of direct LPN while on shift of which 240 units may be used to complete indirect LPN tasks for individuals over the age 18 and attending day services and/or residing in an ISS/GH setting. Indirect tasks are defined as scheduling doctor appointments, pulling off doctor orders, etc.	

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		comfort, nutrition, etc. are not within the scope of practice of a LPN when they are precisely the scope of practice of a LPN per appendix G of the Criteria for Determining Scope of Practice for Licensed Nurses.....			
283	10/30/2015	Title of Email: Comments (Comments 267 – 284) Comment #17 - Overall Addendums are not mentioned in the manual. It appears with the changes that access to an addendum process would be even more critical as a money saving option.	<u>NC</u>		A critical juncture can serve to document an addendum.
284	10/30/2015	Title of Email: Comments (Comments 267 – 284) Comment #18 – Overall Thank you so much for the ability to comment. One final note- I believe that the projected start date of 12/1/15 is too soon. After reading the draft manual there are several things that our agency is working on to be ready for the change, but what if we misunderstood the need. We	<u>NC</u>		Agencies will have six months to come into full compliance. Agencies will not be surveyed on the new policy until a year after the 12/1/15 start date and the survey periods will begin with 6/1/16.

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		receive training on 11/19. If it turns out that we did have misunderstanding and need to change policy or procedure we only have 5 working days to do so. Appreciate your consideration			
285	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #1 General Will there be any new forms? When will the IPP be a form on the CareConnection?	<u>NC</u>		The new forms will be on the BMS website on the IDDW page.
286	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #2 General We've requested a crosswalk for the rates/codes - when can we get this?	<u>D</u>		See #266
287	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #3 General We've been informed that the Wavier manual will go into effect with IPPs that begin December, not December anchor	<u>NC</u>		This has been clarified in the state-wide training. Anyone with an anchor date Dec. 1 and after must purchase from the new service array. Anyone having an IPP, six month, quarterly or critical juncture

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		dates. Some individuals have been informed that the Waiver manual will go into effect with the November IPPs for the December anchor dates. Some individuals have been informed that even if they have IPPs after December, they must retroactively adhere to the new manual. Please clarify.			after Dec. 1 must purchase from the new service array.
288	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #4 General How will the implementation of the new manual roll out? What time frame to continue with current manual? If it's with any IPP (annual, review, critical juncture) do we have 3 months? Does this apply to addendums also?	<u>D</u>		See #287
289	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #5 General When will the training requirements take place? Will they start with new hires after December 1st 2015 or will we have to go back and re-train all employees on the new requirements?	<u>NC</u>		All IDDW provider agencies must be in full compliance within six months of the 12/1/15 implementation date.

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290	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #6 Throughout manual Typos ICF/IID should be ICF/IDD	<u>NC</u>		ICF/IID is the correct acronym which translates to Intermediate Care Facilities for Individuals with Intellectual Disabilities.
291	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #7 Service Limitations for Transition from Current Manual to New Manual How will service limitations be upheld when individuals transition from the current manual to the new manual in the middle of a service year? For example, an adult individual residing in a natural family setting can obtain up to 17,520 units according to the current manual but the cap will be decreased to 11,680 units per the new manual. How will the differences pertaining to limitations be interpreted and applied?	<u>NC</u>		It has been explained in the state-wide trainings how this work. If anyone has any further questions, please contact the UMC.
292	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #8 513.2.1.5 Variance	<u>NC</u>		The IDDW provider agency have employ the staff and let them work with consumers during the 60 day written notification period HOWEVER

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		If an employee receives a fitness determination of "not eligible" and requests a variance, can the hiring entity employ the staff and let them work with consumers during the 60 day written notification period?			as noted in Section 513.2.1.4 "All provisional employees shall receive direct on-site supervision by the hiring entity until an eligible fitness determination is received."
293	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #9 513.2.1.5 Variance Please explain the difference between a provisional employee and a variance employee.	<u>NC</u>		See #292
294	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #10 513.2.1 Criminal Background Checks In relation to Criminal Investigation Background checks, what will the protocol be to get all of our employees into the WV Cares system in order for the monthly checks to take place for employees hired prior to December 1st 2015.?	<u>NC</u>		IDDW agency staff will be rolled into the WV CARES program on or about Feb. 1, 2016. Agencies have received information on this. A waiver will be granted between Dec. 1, 2015 and Feb. 1, 2016 or the actual go live date for this requirement.
295	10/30/2015	Title of Email: Comments on the 2015	<u>D</u>		

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		Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #11 513.18.1.1 Respite Site of Service It states in the manual that a licensed day program facility is an acceptable site of service. Why is this an acceptable site?			
296	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #12 Respite Services Can respite services be billed during transportation to and from a licensed day habilitation facility?	<u>NC</u>		No.
297	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #13 top of Page 11 " All agency staff, except extended professional staff, having direct contact" These aren't the only two "types of staff" either "contracted extended professional" or "those having direct contact". Does this only apply to those actually billing a code? Would the exceptions also be secretaries, administration, maintenance staff,	<u>NC</u>		If these agency staff have direct contact with the individual receiving services, then the requirements, then they must meet the qualifications in this section.

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		supervisors, IT, and secretaries and such?			
298	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #14 "Competency-based training" Please provide feedback and explanation for how this is determined. A test, for example, is more administrative time and doesn't necessarily ensure one's competency. How do you test a staff, before they've met the person with whom they're working, on person-specific needs	<u>D</u>		See #160
299	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #15 11th bullet the WV APBS Overview of PBS or WVUCED PBS Direct care overview is required initially and annually?	<u>D</u>		See #185.
300	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #16 Page 12 6th bullet To require an agency to monitor auto insurance is onerous - the new manual	<u>NC</u>		The IDDW provider agency must ensure the vehicle of the person being reimbursed for transportation costs by the agency abides by the local, state and federal laws..... In

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		adds that the agency must also monitor and ensure auto insurance, registration, licensing registration and inspection upon hire and annually thereafter. This is an administrative burden that does not ensure coverage - insurance coverage varies and people cancel at any time. Additionally, not all states require state inspections. What do we do for those?			the case of someone who lives in Ohio and whose vehicle is licensed in Ohio, then the agency must follow Ohio laws regarding state inspections, vehicle registrations, etc. This is not a new requirement.
301	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #17 Page 12 Conflicts of Interest Is there a state "Conflict of Interest Policy"?	<u>NC</u>		This statement in the policy manual is the state’s policy on Conflict of Interest.
302	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #18 This is open for interpretation. Does this mean that an SC cannot make a referral to the same agency for other services?	NC		No, it means that the SC must make the individual and/or their legal representative aware of all agencies that offer the service and make referrals to the agency the individual/legal representative chooses.
303	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center	<u>D</u>		

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		(Comments 285 – 331) #19 The paragraph is confusing the way it's written. It appears there are two types of violating this policy: 1) Agency and 2) Individual SC. There appear to be two different possible outcomes for violating this policy. Please clarify.			
304	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #20 How will it be determined that an agency or an individual SC has violated this policy?	<u>D</u>	513.2 Provider Enrollment and Responsibilities Conflict of Interest section has been revised and addresses violations	
305	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #21 513.2.1.1 Pre-Screening WV Clearance for Access: Registry & Employment Screening (WV Cares) What does this process entail? We need more explanation and training to develop internal policies. "If the applicant has a negative finding... the applicant will be notified" - by whom? How does this work?	<u>NC</u>		The IDDW provider agencies will receive training on this prior to implementation. The go live date is on or about February 1, 2016.
306	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism	<u>NC</u>		WV CARES staff wrote this section based on the law

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		Services Center (Comments 285 – 331) #22 The definition of "direct access" personnel is vague and could be interpreted that all agency personnel are being considered as "direct access", but that's not an accurate statement.			passed.
307	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #23 Page 14 "direct on-site supervision" What does this mean? The supervisors aren't in constant contact with staff.	<u>NC</u>		Supervision could be provided by another employee who has passed the fitness determination. Results from WV CARES are being received in a very short time frame so the employer might want to wait for results before actually employing someone.
308	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #24 Page 16 513.2.2 Office Criteria B. Restrooms must have call lights? Is the Waiver office responsible for ensuring ADA regulations? How does this work?	<u>D</u>		All offices must be ADA compliant.
309	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center	<u>D</u>		This has been changed.

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		<p>(Comments 285 – 331) #25 Page 21 Qualification Question related to TCs credentialed under prior manual to BSPs in new manual. Under prior manual on Page 95 (1/1/13 Revision) under section 513.9.1.15, Agency staff qualifications provided that if someone had a non-human services degree, they could become a TC so long as certain other criteria are met. Under the BSP I section of the new manual it lists that a human services degree is required. Are these people, despite having met criteria in prior manual, being in these positions and performing well, to simply be terminated? What is to be done to ensure people who are providing quality services and who were credentialed under this provision in the prior manual and not sacrificed at the clients detriment due to the "human service" provision in the new manual without a provision to credential under an alternate option with a non-human service degree.</p>			
310	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #26 Page 21 "culturally and	<u>C</u>	This sentence has been added: For more information: https://www.thinkculturalhealth.hhs.gov/pdfs/enhancednati	

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		linguistically appropriate manner" What does this mean? This section lacks context and clarity.		onalclasstandards.pdf	
311	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #27 Page 22 513.3.1.2 BSP qualifications 3rd bullet How long will the PBS endorsement process take?	<u>NC</u>		That is not something BMS can predict, however, some individuals have already been credentialed.
312	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #28 Page 22 TYPO?: 6th line of text Should this read "post" rather than "positive"	<u>D</u>		
313	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #29 513.6.1.1 Page 30 Initial Eligibility Determination Process 5th paragraph on Page 30 should read, "If an applicant is determined medically eligible by the MECA"	<u>D</u>		
314	10/30/2015	Title of Email: Comments on the 2015	<u>NC</u>		Direct care services are always

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		Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #30 513.8.1 Page 39 The IDT Why was the annual purchase changed to purchasing by order of importance? The degree of importance varies from person to person based on his/her need.			the most important services needed to assure the health and safety of the individual receiving services.
315	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #31 All direct support services must be purchased first before professional services." This implies that those services could stand alone and that agencies have to accept what's left to cover BSP and SC services. This is misleading.	<u>D</u>		See #314
316	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #32 Page 45 "the hourly wage of Qualified Support Workers....." Under the Participant-Directed Services option: how will overtime be addressed? A code for reimbursement is set at a fixed amount. Are monies drawn down from the	<u>NC</u>		The employees of individuals who self-direct who are eligible for over-time will be paid at the correct over-time rate. The code for Personal Options' services has already been adjusted in anticipation of this to allow for over-time when appropriate. This does

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		budget without an applicable code from the manual or in excess of the established reimbursement rate for a code (doing so would appear to be an enhancement of the Medicaid rate with money from the budget without an applicable code)? Is the hourly rate reduced in such a way to ensure that overtime (1.5 times the set hourly rate) is still at or less than the Medicaid rate minus all mandatory deductions in order to ensure compliance with federal and state labor laws?			not cost any additional monies to the state because the participant-directed budget does not change, it will only get used up faster if over-time is used.
317	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #33 513.9.2 Page 48 Person-Directed Services How does the SC know the costs or fees to explain to Waiver individuals?	<u>D</u>		
318	10/30/2015	#34 Page 50 BSP: Site of service For BSPs Level I and Level II, "office" is not listed as a location of service. Is this a typo?	<u>C</u>	This has been changed to include office.	
319	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #35 Page 50 BSP: 11th bullet	<u>NC</u>		The IDDW provider agency may continue to conduct trainings in the manner the agency wishes.

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		Limitations/Caps for BSP: Group Staff Training/Staff meetings It goes without saying that any time spent on non-client specific information in a staff meeting would not be a billable BSP service. However, often times at a group home staff meetings, smaller portions of the staff meeting are devoted to client specific training in order to take advantage of training multiple staff at one time as opposed to training each staff individually. Is it the intent of BMS or the UMC to thwart group client specific training at staff meetings and thus require numerous 1:1 trainings with each staff individually?			
320	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #36 513.15.3 Page 67,68,69 Pre Vocational (Traditional) Does this take the place of services offered by DRS if client qualifies or is this in addition to DRS?	<u>NC</u>		The individual receiving services should always access DRS services first before accessing IDDW services.
321	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #37 Section 513.14/Page 61	<u>NC</u>		This is not a new requirement.

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		Environmental Accessibility Adaptations The draft manual states the Service Coordination provider is responsible for ensuring the adaptation to the home is completed as specified prior to receiving payment and/or paying the contracted vendor(s). If this is the case, where do the funds come from originally for the adaptation to be completed prior to payment?			
322	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #38 Page 71 Supported Employment 7th bullet Limitations/Caps Up to 48 units/12 hours of SE services every 3 months per person may be billed, if necessary for the purpose of training in person-specific instruction... This limitation in NOT part of any other Direct Care Service? Omitted accidentally? Or intentionally on the other services?	<u>C</u>	This has been removed.	
323	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #39 Section 513.17 Page 75 Person-	<u>NC</u>		When individuals wish to access day services, then an additional 4 hours or more of Day Services may be accessed

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		<p>Centered Support The draft manual states all direct support services cannot exceed an average of 12 hours per day on days when Facility-Based Day Habilitation, Job Development, Pre-vocational, and/or Supported Employment services are provided. Does the same annual cap of 11,680 units apply to individuals participating in these services?</p>			if within an assessed need AND within the individualized budget. If the individual wishes to access more than 4 hours of day services, then the PSC services will need to be modified down by the same amount.
324	10/30/2015	<p>Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #40 Section 513.17.1.2 Page 77 Family Person-Centered Support (Personal Options Model) The draft manual states the maximum annual units of Family PCS: Personal Options services are limited to the <i>equivalent monetary value</i> of 7,320 units (under age 18) or 11,680 units (aged 18 and older) of Traditional Family PCS when transferring funds from the annual budget allocation to the Participant-Directed budget. The current rate is \$2.74/unit for both services. Are the rates going to change? If so, this means the direct care service cap will not be the same for Traditional option vs. Personal Options,</p>	<u>NC</u>		Caps do not apply when the individual monetizes their participant-directed budget as the individual may choose to pay their employees less than the Medicaid rate and thus receive more units of service. Obviously if the individual chooses to pay the Medicaid rate, the units would be equal to Traditional.

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		correct?			
325	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #41 Section 513.17.2 Page 80 Home-Based Agency Person-Centered Support The draft manual states the maximum annual units of Home-Based Agency PCS services cannot exceed 7,300 units per year. The maximum annual units listed for Family Person-Centered Support is 7,320 units. Is this a typing error or do the caps differ by 20 units per year?	<u>C</u>	Yes, this typo has been corrected.	
326	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #42 Section 513.19 Service Coordination The draft manual states Service Coordination cannot be billed for the entire calendar month if a home visit did not occur within that calendar month. Will the DD-12 no longer apply to these types of situations?	<u>D</u>		
327	10/30/2015	Title of Email: Comments on the 2015	<u>NC</u>		The individual would employ a

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		<p>Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #43 Section 513.17 Page 73 Person-Centered Support The draft manual states only Family Person-Centered Support and Unlicensed Residential Person-Centered Support may be participant-directed through the Personal Options model. How will this affect individuals who currently receive Person-Centered Support through the Personal Options model in a natural family setting but have staff who do not live with them? Or is this a typing error? Page 44 of the draft manual states Home-Based Person-Centered Support is available through Personal Options model.</p>			<p>staff who does not live in their home as a Personal Options In-Home Respite worker.</p>
328	10/30/2015	<p>Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #44 Page 103 limitations and caps bullet 6 False Information about the Scope of Practice for LPN The DRAFT manual makes reference to certain items which it states are not within the scope of practice of an LPN, namely "taking vital signs, providing personal</p>	<u>D</u>		

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		<p>hygiene, comfort nutrition, ambulation and environmental safety and protection." However, the WV LPN Board has provided clarification on this issue and stated that all of these tasks are within the scope of practice for an LPN in WV and that they are taught in the basic educational program and are also included within the test plan for the national licensure exam, or NCLEX-PN. Will this section of the manual be revised to ensure consistency f5with information provided by the LPN Nursing Board, who would clearly be better versed on the LPN scope of practice?</p>			
329	10/30/201	<p>Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #45 Skilled Nursing LPN: limitations/caps bullet 7 It is well understood that, at times, RNs need to provide services that must be billed under the LPN code to provide essential supports that are more appropriate to the LPN code. Typically in an ISS, a client is receiving 24 hours of 1:1 staffing from a PCS-A staff. In the course of the coordinated care for an individual, an off-site or on-site nurse (RN or LPN) will</p>	<u>D</u>		

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		<p>need to engage in LPN billable services. The manual seems to indicate that this is not permitted because of the 24 hour 1:1 staffing. How does BMS expect essential nursing services to be provided if access to the code is not allowed because the LPN service could never be used if the client is receiving 24 hour 1:1? In the draft application, it reads that time in excess of 2 hours of LPN services per day would have to be billed to the DSS code, but that does not seem to appear in the manual. Is this an unintended omission? If it's intentional, can this be added back in consideration of the example of appropriate use of the LPN service?</p>			
330	10/30/2015	<p>Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #46 Page 112 513.25.2 Responsibilities 4th bullet To purchase within their budget or "utilize natural or unpaid supports for services unable to be purchased". If these aren't in existence, they cannot be used. Either in natural family settings or agencies. But agencies cannot operate on unfunded mandates.</p>	<u>NC</u>		

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331	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 285 – 331) #47 Page 112 513.25.3 Grievances/Complaints The individual should have a right to grieve and appeal their assigned budget amount when it's lower than previous years. Common Chapters 710.13 B, 2 allows for this when the program is reduced or the level of provided services is reduced.	<u>NC</u>		Need assistance from legal
332	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 332 – 338) #1 513.2 - P.10 Provider Enrollment and Responsibilities Does the "facilitated WV PBS Over View of Positive Behavior Support" refer to the video training produced by the WVPBS Network?	<u>NC</u>		Yes
333	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 332 – 338) #2 513.2 - P.12 Provider Enrollment and Responsibilities	<u>NC</u>		The SSF's read from a prepared script and equal time is given to both Traditional and Personal Options. If an individual/family

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		The support service facilitator already presents consumer / family with choices by way of the Freedom of choice form. Not the SC. Conflict of interest and the consequences discussed in this section should also be applied to the SSF's as well. It is not ethical for them to promote PPL / personal options for example over other services. Families and consumers should be given information only so they they can make an informed decision.			representative asks questions about either service option, then the SSF will obviously answer those questions – it is an educational session as well as an annual functional assessment.
334	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 332 – 338) #3 513.15.2 P.66 Pre-Voc. After the three year period, will FBDH sites be able to stay open to provide Pre-voc and Job development training?	<u>D</u>		If the site meets the CMS Integrated Setting Rule, then there should be no problem in remaining open.
335	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 332 – 338) #4 513.17.1 P. 75 Family PCS Wanted to confirm that under the new manual, in-laws (in this example, sister-in-law) would till be eligible to provide PCSF services.	<u>NC</u>		Yes, IF they reside in the home with the individual receiving services.

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336	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 332 – 338) #5 513.7.2 - P.80 Home Based Agency PCS Cites exclusion of family members to be providers but talks about an unlicensed residential site. Wanting to confirm that a family member could in fact provide home based PCS services. (a brother for example who doesn't live in the same home)	<u>NC</u>		Yes
337	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center (Comments 332 – 338) #6 .17.7.2 - P.80 Home Based Agency PCS It should follow that those who will be most appropriate for Home-Based PCS should be eligible for 12 hours per day if they are currently receiving facility based day hab. but will not be appropriate for Prevoc, job development and supported employment.	<u>D</u>		
338	10/30/2015	Title of Email: Comments on the 2015 Draft Waiver Manual from Autism Services Center	<u>D</u>		

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		(Comments 332 – 338) #7 513.20 - P102 Skilled Nursing States nursing services are for 21 or over. What about if we have a residential consumer under 21? What about a CRU consumer?			
339	11/1/2015	Title of Email Comments on IDDW Manual (Comments 339 - 350) RE: Comments on WV DHHR’s §1915(c) Home and Community-Based Services Waiver program Manual. Please accept this letter as my opposition to the following changes outlined in the proposed manual. Not only am I the mother of a 13-year-old daughter with Down syndrome who receives waiver services, I am a professional who provides programs and services to individuals with I/DD and their families throughout the State of WV, many of which rely on these Home and Community-Based Services to live productive and satisfying lives in their communities, with those with whom they choose to live.	<u>D</u>		

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		<p>With that being said, I want to reiterate my belief that the purpose of this waiver is to AVOID institutionalization, rather than to delay institutionalization. Further, the waiver provides a means to support eligible people to leave institutional settings and programs. The importance of avoiding and/or the opportunity to leave institutional settings and programs must be recognized by those in positions of leadership in West Virginia, for not only the civil rights and human rights of individuals with intellectual and developmental disabilities, but for the fact that being provided programs and services within homes and communities has been established as a far more cost-effective option than nursing homes, group homes, and institutional-living.</p> <p>Please note my disagreement with the following sections:</p> <p>1) Section 513.8 Individual Program Plan (IPP) (p 37) now states, “The person who receives services must attend the</p>			

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		IPP.” The current manual requires the member to attend if they are their own legal representative, and if they are medically and behaviorally able. The new manual must provide a means of making rare exceptions for the well-being of some people.			
340	11/1/2015	<p>Title of Email Comments on IDDW Manual (Comments 339 - 350)</p> <p>2) Section 513.8.1 The Interdisciplinary Team (IDT) (p 39) now lists an “order of importance” in which services must be prioritized and purchased: “Person-Centered Supports, Facility-Based Day Habilitation, Pre-Vocational, Job Development, Supported Employment, Electronic Monitoring, LPN services, and Respite Services.” The implications for this order of importance are concerning as it brings to questions whether the the State values Facility-Based Day services or Electronic Monitoring, for example, over Respite services. Respite services are an ESSENTIAL service to many</p>	<u>D</u>		

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		participants and his/her family caregivers and the impact of this "order" could be detrimental.			
341	11/1/2015	Title of Email Comments on IDDW Manual (Comments 339 - 350) 3) 513.9.2 Participant-Directed Service Option (p 48), No. 11 This requires the Personal Options FMS to explain all costs/fees associated with participant-directing to the person who receives services. Unfortunately, the list of costs and fees do not appear to be listed in this Manual. The section should be amended to include the list.	<u>D</u>		
342	11/1/2015	Title of Email Comments on IDDW Manual (Comments 339 - 350) 4) 513.15.1 Facility-Based Day Habilitation (pp 63-65) While I completely support the new Federal Home and Community Based Services (HCBS) integration rule which is causing the State to transition, it is not realistic to believe that every participant will be able to transfer to	<u>D</u>		

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		<p>more employment related services (pre-vocational, job development, or supported employment). Unless they access those services, however, they will only be able to access 8 hours of other services per day, and not the 12 hours of services per day available to those who access employment related services. It is vital to implement a means of increasing the hours of person-centered support services for those who will no longer have another service available to them. People with the most severe levels of impairment and those who have attended segregated services for many years are at the greatest need in this regard.</p>			
343	11/1/2015	<p>Title of Email Comments on IDDW Manual (Comments 339 - 350)</p> <p>5) 513.16 Goods and Services (pp 72-73) The exclusion list in the Application is much longer than the list in the Manual. While it is imperative to know which is the valid list, the list is very long. Including a list of what could be covered may be easier to manage. In</p>	<u>D</u>		

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		<p>addition, items that could specifically be “related to a person’s qualifying disability” seem to have been excluded. Examples include adapted clothing with costs for “specialized” clothing, etc., that can be much greater than comparable clothing that is not adaptive.</p> <p>The Application specifically excludes computers and communication devices for anyone under the age of 21 and allows only when prescribed by a speech therapist for those over 21. Language development and acquisition, and/or an alternate means of communicating is particularly important for children. Both items can meet the test of “promoting full community inclusion” and possibly “increasing a person’s safety in the home environment.”</p> <p>BMS’ response that families need to access computers and communication devices through the education system, which is responsible for them, is</p>			

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		completely unrealistic. There are many concerns about services for school aged children needing services, and the fact that families are struggling to get the basic educational needs of their children met is no surprise to many. With systemic breakdowns in the provision of effective Special Education services throughout West Virginia, individualized education is many times not provided, needed supports such as communication devices are often not available, not provided, and not allowed to be taken home, and other assistive devices are not approved as educationally necessary.			
344	11/1/2015	<p>Title of Email Comments on IDDW Manual (Comments 339 - 350)</p> <p>6) 513.17.1 Family Person-Centered Support (pp 73-78) This section of Limitations/Caps indicate that the amount of service is limited by the individualized budget of the individual, however, it is not uncommon for our agency to regularly</p>	<u>D</u>		

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		<p>hear from families that they have been assigned a budget that they cannot access due to the caps on services (particularly for children).</p> <p>Although the Application with the drastic restriction in hours (particularly for children) was approved by CMS, I adamantly disagree with this cap in services. The Application originally allowed for 4 hours of services on school days and 6 hours of services on non-school days. Changing the allowable services to 5 hours of services is not an increase. Rather, it is the average of the original plan.</p>			
345	11/1/2015	<p>Title of Email Comments on IDDW Manual (Comments 339 - 350)</p> <p>7) 513.17.1.2 Family Person-Centered Support (Personal Options Model) (pp76-77) The limitation of not allowing the equivalent monetary value of Respite Services to be converted to needed services does not fit with the participant-directed model of services. True participant direction</p>	<u>NC</u>		

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		<p>allows participants to spend their budget on services as they see fit. Since the rates for both services are the same, it does not appear to be a cost saving matter.</p> <p>As you have been made aware through multiple calls and written comments, the cuts in PCS and Respite Services have caused many family members to express their concerns of not being able to remain employed. As previously communicated to you during the application comments and in the months since, for those who have already given up work outside the home in order to care for a family member, these reduction in services constitute a cut in income that has helped them support their families. It is my belief that these cuts will potentially have negative impacts throughout the systems in the state that are designed to support those with low incomes – Medicaid, TANF, SNAP, and other services. I am confident that the reduction of PCS for children</p>			

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		to 5 hours/day will make it impossible to find staff that is willing to take a reduction in work hours and will thereby see an increase in unemployment amongst direct support staff.			
346	11/1/2015	Title of Email Comments on IDDW Manual (Comments 339 - 350) 8) 513.17.4 Unlicensed Residential Person-Centered Support (pp 83-87) I find the statement “Approval of this level of service will be based on demonstration of assessed need not on a particular residential setting” confusing when addressing the change that requires any 1:1 service over 12 hours/day be given approval by BMS. In addition, I disagree with the limitation that PCS services are not available when the participant is hospitalized, and that the availability of this support should not be determined by the setting or service delivery model.	<u>NC</u>		
347	11/1/2015	Title of Email Comments on IDDW Manual (Comments 339 - 350)	<u>D</u>		See #3

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		<p>9) 513.18.1 In-Home Respite (pp 90-94) As I stated in my comments to the proposed cuts in the application, I still vehemently disagree with the 47% decrease in the allowable limits. This cut does not allow families who may need more hours to receive them. It is well documented that many families cannot find appropriate people to provide this service and the new reductions will make it even more difficult to find people interested in providing this service. In addition, for families who try to access Respite Services in order to maintain employment for themselves, a cap of 4 hours PCS and 2.5 hours of Respite Services each day does not allow for an 8 hour work day, plus travel time.</p>			
348	11/1/2015	<p>Title of Email Comments on IDDW Manual (Comments 339 - 350)</p> <p>10) 513.21.3 Transportation Trips (Traditional Option) (pp 109-110) The limit of 2 one-way trips per day does not allow for more than one activity</p>	<u>D</u>		

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		per day to occur, and I strongly disagree with this reduction in service because the ability of individuals to be included and involved in the community will be severely hampered for those who require transportation services in an agency's mini-van or mini-bus.			
349	11/1/2015	<p>Title of Email Comments on IDDW Manual (Comments 339 - 350)</p> <p>11) 513.26 Discharge (pp 114-115) The major change made to this section allows a person who does not access or utilize at least one direct care IDDW Service each month to be discharged from the program. The previous requirement was to access at least one service within a 180 day period of time. The language says "may be discharged" for a list of reasons. Specific detailed instruction regarding the criteria to be used to determine who "will be discharged" needs to be included in this manual. Specific instructions for individuals who are seriously ill and hospitalized for a</p>	<u>D</u>		

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		period of time or for those whose agency has not secured appropriate staffing to provide the services within one month must be included in this manual.			
350	11/1/2015	<p>Title of Email Comments on IDDW Manual (Comments 339 - 350)</p> <p>12) 513.25.3 Grievances/Complaints The following language “At no time is the amount of the annual individualized budget a matter that may be taken before the Board of Review through a Medicaid Fair Hearing. The individualized budget is assigned based on the annual functional assessment and the structured interview. The process and mathematical formulas that are used to derive the individualized budget amounts are a matter of policy and thus, are not subject to the purview of the Board of Review.” is extremely concerning to me, both as a parent of a child who receives services, and as a professional who advocates for individuals who receive services. It is</p>	<u>D</u>		

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		<p>unconscionable as to how an inadequate amount of funding would not cause a reduction in services and thereby be a legitimate reason to seek a Medicaid Fair Hearing. Given the questionable validity of the algorithm and the appropriate levels of service approved based on individual needs, the language in this section needs to be removed.</p> <p>I look forward to hearing from you regarding my comments regarding the proposed manual.</p>			
351	10/30/15	<p>Email from Pat Question from APS Possible Manual Change Transportation Trips---In the draft manual on page 110 it states the maximum units of Transportation Trips cannot exceed 2 one-way trips per day or 520 trips annually. We really do not have a choice to exceed the 2 one-way trips per day so should the “or” be removed from this sentence to reduce confusion?</p>	<u>NC</u>		BMS feels this wording is clear.
352	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia	<u>D</u>		I answered this already in Autism Services comments

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		Behavioral Healthcare Providers Association. (Comments 352 - 500) # 1 Throughout manual use of term "functional assessment" There is potential for great confusion by referring to the annual assessment completed by APS Healthcare (which is used for continued eligibility and setting budget) as "Functional Assessment". It is recommended that this term NOT be used for the APS Assessments to avoid confusion with a functional assessment or Functional Behavioral Assessment which is required for Positive Behavior Support Plan. An alternate clearly identifiable term such as "APS Healthcare Habilitation Assessments. It is further recommended that both terms be added to the glossary for reference with clear definition.			
353	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 2 Page 7 The IDDW Program	<u>NC</u>		The budget is generated based on the person's needs AND their living situation AND the amount of money allotted to this program by the WV State legislature.

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		<p>provides services based on a person's annual functional assessment and assigned individualized budget in Is the individualized budget not generated based upon the individual's needs?</p>			
354	10/30/15	<p>Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 3 Page 8 Persons who choose to mix services must first purchase those Traditional services that may not be participant-directed, including Service Coordination, before cashing out the remaining budget.... Does this mean that the person-directed services cannot be purchased until all traditional services are approved?</p>	<u>C</u>	<p>This sentence has been modified:</p> <p>Direct Care Services, whether Traditional or Participant-Directed, must be purchased first before Professional Services. Service Coordination must be the first professional service purchased. Any service that is billed as 1 staff person to 1 person (1:1) may be billed only if the staff person has no other responsibilities for the care, training, supervision, monitoring, etc. of any other person, i.e. children, grandchildren, etc. If the staff person has the responsibility of</p>	

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				taking care of others at the same time, then another code may be applicable (1:2, 1:3, etc.).	
355	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 4 Page 9 513.2 PROVIDER ENROLLMENT AND RESPONSIBILITIES Begin the mandatory IDDW Program training for all agency staff on the first day of employment and document all mandatory training on the Certificate of Training Form (WV-BMS-IDD-06). Is shadowing considered training as often times new agency staff will shadow before actual training is started. Does ALL required trainings need to be documented on the DD-6 (i.e. CPR/First Aid, Aggression Prevention, Ethics, etc.) or will a Certificate serve as documentation for	<u>NC</u>		All training must be documented on the DD6 form.

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		the trainings?			
356	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 5 Note that, in order to contract with extended professionals to provide Dietary Therapy, Occupational Therapy, Physical Therapy, and/or Speech Therapy Services, the applicable service(s) must be included on the provider agency's CON. This was not listed in the prior manual.—Do current CON's get grandfathered in?	<u>NC</u>		Yes
357	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 6 Ensure that all agency staff are providing direct care services are fully trained in the proper care of the person to whom they will be providing services. Health and	<u>C</u>	This sentence has been modified to read: Health and Safety training must be conducted by RN, BSP, or Service Coordinator.	MFCU asked that we remove the allowance for parents to be trainers.

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		safety training may be conducted by personnel deemed qualified by the Interdisciplinary Team (IDT) members and documented on the IPP. Clarify personnel that could do the training.			
358	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 7 513.2 Page 10 Provider Enrollment and Responsibilities Maintain written policies and procedures to avoid conflict of interest (if agency is providing Service Coordination and other services) Will there be further instruction or guidance with reference to Conflict of interest?	<u>D</u>		
359	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 8 Page 10 * Language on page 10 does not take	<u>NC</u>		This is not a new requirement. Based on 64CSR11 – 5.6.a: “The Center shall provide an adequate number of qualified personnel during all hours of operation to support the functions of the Center and to

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		into account an agency's capacity and ability to recruit / hire a qualified workforce.			ensure the provisions of quality care.”
360	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 9 Page 10 SC Conflict of Interest Who will approve education for the SCs? Is there a standard training available for agencies? Will APS provide Conflict of Interest Statements?	<u>D</u>		
361	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 10 Page 10 SC Conflict of Interest Who determines if a violation has occurred?	<u>C</u>	This section has been revised to read: Conflicts of interest and are prohibited. A conflict of interest is when the Service Coordinator who represents the person who receives services (“person”) has competing interests due to affiliation with a provider agency, combined with some	

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				<p>other action. “Affiliated” means has either an employment, contractual or other relationship with a provider agency such that the Service Coordinator receives financial gain or potential financial gain or job security when the provider agency receives business serving IDDW clients.</p> <p>A Service Coordinator representing the person and being affiliated with a provider agency is not by itself a conflict. However, if a Service Coordinator affiliated with a provider agency takes action on behalf of the person they represent to obtain services for the person from the company(s) with which the Service Coordinator is affiliated, or influences the Freedom of Choice of the person by steering them</p>	

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				towards receiving services from the company(s) with which the Service Coordinator is affiliated, then a conflict of interest occurs. Service Coordinators must always ensure any affiliation with a provider agency does not influence their actions with regard to seeking services for the person they represent. Failure to abide by this Conflict of Interest policy will result in the loss of provider IDDW certification for the provider involved in the conflict of interest for a period of one year and all current people being served by the suspended provider will be transferred to other Service Coordination agencies. Additionally, any Service Coordinator who takes improper action as described above will be referred to their professional licensing board	

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				for a potential violation of ethics. (BMS notes that whether any action is taken would be within the sole discretion of the particular licensing board and depend upon its specific ethical rules). Reports of failure to abide by this Conflict of Interest policy will be investigated by the UMC and the results of this investigation will be reported to BMS for review and possible action.”	
362	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 11 Page 10 SC Conflict of Interest Who will develop the statement for the SC to sign? If we use a statement form for the conflict of interest section, using their information, will that cover us?	<u>D</u>		
363	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD	<u>D</u>		IDDW agency providers are welcome to submit their

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		Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 12 SC Conflict of Interest "Maintain written policies and procedures regarding avoiding conflict of interest." Need clarification regarding standardization of this requirement across Waiver Providers.			policies/procedures and Conflict of Interest statements to the UMC to review prior to implementation.
364	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 13 513.2 Page 11 Provider Enrollment and Responsibilities Completion of the facilitated WV APBS Overview of Positive Behavior Support or the WVUCED Positive Behavior Support Direct Care Overview. Some BSP's have taken the train-the-trainer on the Positive Behavior Support Direct Care Overview. This will be a new training for all staff. Has to be a BSP qualified person to	<u>NC</u>		The WVUCED may offer more classes, they previously provided free state-wide training on the Overview. The Facilitated overview has been around since 200???? It is the agency's choice which training they want to provide to their direct care staff. The Direct Care Overview is the more up to date training and could be included in the agency's orientation classes. Several agencies do this now.

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		teach the Overview. Limited number of classes being made available for BSP's to be trained. The Direct Care overview is about a 3 hour course. This is additional staff training time that is not reimbursable.			
365	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 14 Page 11 Documentation must include training topic, date, the beginning time of the training, the ending time of the training, the location of the training, the signature of the instructor, and the signature of the trainee. Our certificates do not have staff signature or trainer signature---will electronic names be ok or will we need to have a sign in sheet? Why is start and stop time and location of training required? All trainings do not last the same amount of planned time.	<u>NC</u>		Electronic signatures are acceptable as long as they follow the BMS policy. Start and stop times and locations of trainings were suggested by the Medicaid Fraud Control Unit.
366	10/30/15	Title of Email: Waiver 2015 Draft manual	<u>NC</u>		No, providers must develop

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		<p>Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 15 Training Will APS provide training tools for Direct Care Ethics? Will training tools be provided for Conflict Free Service Coordination? If not, where can the curriculum be found and will there be a time frame given for providers to develop this training?</p>			their own policies and trainings.
367	10/30/15	<p>Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 16 513.2 Page 11 Provider Enrollment and Responsibilities Training on Emergency Procedures, such as Crisis Intervention and restraints upon hire and thereafter only if deemed necessary by the IDT based on the assessed needs of the person who receives services; This seems like</p>	<u>C</u>	<p>This bullet has been pulled out and made a stand-alone bullet:</p> <p>Training on Emergency Procedures, such as Crisis Intervention and restraints upon hire and thereafter only if deemed necessary by the IDT based on the assessed needs of the person who receives services.</p>	

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		a contradiction to “annually” trained.			
368	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 17 513.2 Page 11 Provider Enrollment and Responsibilities Completion of the facilitated WV APBS Overview of Positive Behavior Support or the WVUCED Positive Behavior Support Direct Care Overview. Some BSP’s have taken the train-the-trainer on the Positive Behavior Support Direct Care Overview. This will be a new training for all staff. Has to be a BSP qualified person to teach the Overview. Limited number of classes being made available for BSP’s to be trained. The Direct Care overview is about a 3 hour course. This is additional staff training time that is not reimbursable.	<u>D</u>		
369	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia	<u>D</u>		

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		Behavioral Healthcare Providers Association. (Comments 352 - 500) # 18 Page 12 Conflicts of Interest: Who receives and investigates these complaints? What is the process for defending against these allegations? Will there be an appeal process? Will the accused agency be able to continue providing services during this process? If one employee is alleged to have violated this policy, is the provider not afforded an opportunity to discipline if guilt is determined? This policy is harsh that providers would lose certification the first occurrence.			
370	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 19 Page 12 Conflicts of Interest: Needs Clarification, as this is directly related to independent service coordination as had been indicated, however the term "independent service	<u>D</u>		

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		coordination" is not used in the content of this manual but the reference to conflict of interest with consequences is noted. Additional clarification and direction is needed.			
371	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 20 Page 12 Any Service Coordinator working for a provider agency that has self-referred a person who receives services or has influenced the Freedom of Choice of a person who receives services (transfer) must not bill Service Coordination for the month this activity Generally the Freedom of Choice form is being completed by APS Healthcare representatives--With the change being made to the form, should the SC not be signing as the agency representative?	<u>NC</u>		The Service Coordinator can still sign as agency representative during the annual functional assessment completed by the UMC.
372	10/30/15	Title of Email: Waiver 2015 Draft manual	<u>NC</u>		If the individual's PRSC comes

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		<p>Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 21 513.2 Page 12 Provider Enrollment and Responsibilities Though not a requirement, BMS strongly urges providers to obtain an Approved Protective Services Record Check and consider the results. Please see the form at Bureau for Children and Families: http://www.wvdhhr.org/bcf/provider_resources/. What's the definition of "consider the results?" This has been an unclear area.</p>			back with a substantiation of abuse/neglect then the individual should not be employed to work with individuals receiving services.
373	10/30/15	<p>Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 22 Page 12 513.2.1 Criminal Background Checks When will current employees of provider agencies be required to</p>	<u>NC</u>		Yes, IDDW provider agencies will receive instructions on this in February 2016.

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		submit to WV CARES? Pre-screening and/or Employment Fitness Determination?			
374	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 23 Page 12 513.1.1 Pre-Screening Notification of negative finding sent only to applicant, what about provider agency? (513.2.1.3 Hiring entity will receive results of employment fitness determination - why not pre-screening?) What is the normal timeframe for pre-screening results?	<u>NC</u>		This is the way the legislation is written. Pre-screening should only take a matter of minutes.
375	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 24 Page 13 Will the reporting of WV CARES include substantiated abuse as reported through the Protective	<u>NC</u>		Only convictions.

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		Services Records check or only convictions?			
376	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 25 Page 13 Who will pay for the fingerprinting? What is the process for obtaining fingerprints since the Department plans to maintain them? Will the provider agency still run fingerprints to have for their own records?	<u>NC</u>		It will be an agency's decision as to who bears the burden of this cost. The agency will only need to maintain the results sent by WV CARES.
377	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 26 Page 13 If only an employment fitness determination from WV CARES and no criminal history record will be disseminated to the hiring entity, how does the hiring agency know if there	<u>NC</u>		If there is an ineligible determination, then the agency can ask for a variance. The employee must fill out a self-disclosure prior to going to have their fingerprints taken so the agency should know what the offense is.

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		are circumstances for a variance?			
378	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 27 513.2.1.3 (p 13) Employment Fitness Determination "No criminal history record information will be disseminated to the applicant..." Is this in compliance with the Fair Credit Reporting Act? § 603(y)(2) § 604(b)(3)(A)and(B).	<u>NC</u>		It is against state and federal code to disseminate criminal history information.
379	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 28 Page 14 Provisional Employee If the provisional employee has been cleared by an initial criminal registry database, submitted to fingerprinting and signed an affirmation of committing no disqualifying offenses, why must on-site supervision be	<u>D</u>		

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		provided as well? Previously the hiring entity could, in good faith, allow the employee to work once the above criteria had been met. This requirement is not conducive to continuity of service for the member in their home and community.			
380	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 29 513.2.1.4 (p 13 & 14) Provisional Employee What specifically is meant by "direct on-site supervision" for provisional employees?	<u>D</u>		This is again part of the state code and the new employee who has not yet received a fitness determination may not work with the program participant alone.
381	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 30 513.2.1.7 (p 15) Responsibility of Hiring Entity How does Hiring Entity notify WV	<u>NC</u>		There is a mechanism for the agency to separate employees in the WV CARES system and the provider agencies will be trained on this in February 2016.

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		CARES of staff termination, re-hire, etc?			
382	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 31 Page 15 Responsibility of Hiring Entity *How can the hiring entity be responsible to research possible negative findings when WV CARES finds a potential match when they maintain the fingerprint records, the initial screening and the monthly records but ask us to research a potential negative finding when and if one occurs? The hiring entity doesn't have access to the databases that WV CARES has researched to discover the potential negative finding yet the hiring entity is responsible for resolving it.	<u>NC</u>		The provider only needs to know whether they have been determined employable per IDDW policy. However, it is always up to the provider whether they elect to hire the person or not. BMS is not accepting responsibility for any agency hires.
383	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers	<u>NC</u>		When an employee is already entered into the WV CARES with a fitness determination, then upon transferring to

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		Association. (Comments 352 - 500) # 32 Page 15 Change of Employment For addressing a change of employment between providers, What process will be used for the new hiring entity to obtain this information?			another agency, the WV CARES will generate a fitness determination letter for the new employer.
384	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 33 How will WV CARES know if a new criminal activity has occurred if new background checks are not ran when they change employment or periodically during current employment as is current practice (every three years).	<u>NC</u>		Each employee will also be enrolled in WRAPBACK with the WV State Police and this is how WV CARES will be notified is new criminal activity occurs.
385	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500)	<u>D</u>		See #381

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		# 34 How does Hiring Entity notify WV CARES of staff termination, re-hire, etc?			
386	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 35 513.2.2 (p.16) Office Criteria "M". references "personal attendant agencies only". Perhaps restating with IDD Waiver program specific wording. This appears to be a cut and paste error from unrelated manual??	<u>D</u>		
387	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 36 Page 16 G. Personal electronic devices are prohibited when using personally identifiable information. Does this mean staff are prohibited from having emails delivered to their personal devices? Please expand on	<u>NC</u>		

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		this.			
388	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 37 Page 20 It is extremely excessive to require providers to complete 100% reviews annually, while APS and OBHS will also be reviewing programs alternating years.	<u>NC</u>		CMS requires this.
389	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 38 Is training staff still billable if it's done within the allotted number of PCS units?	<u>NC</u>		Yes, but group training is not, it must be person specific.
390	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association.	<u>D</u>		

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		(Comments 352 - 500) # 39 513.3.1.1 Behavior Support Professional Will current BSP staff be grandfathered in that do not meet human services requirement. Is there a difference between BSP I and BSP II one specifies human services but two does not.			
391	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 40 Page 21 BSP I What will the timeframe be to get the BSP trained	<u>NC</u>		The rate for BSP will be lowered to the TC rate effective 12/1/15. As soon as someone meets the requirements for BSP I or BSP II, then a critical juncture should occur to add this service to the individual's IPP if there is an assessed need AND it is within the individualized budget and the team agrees.
392	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association.	<u>D</u>		

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		<p>(Comments 352 - 500)</p> <p># 41 513.3.1.2 (p 21) BSPII Agency Staff Qualifications</p> <p>Bullet 2 - Master's level should include "have PBS Endorsement by a recognized APBS Network or PBS Board of Review". By including this statement the redundant statement of requiring the completion of the PBS Curriculum and BPS Overview can be eliminated as both are required in order to be candidate for endorsement.</p> <p>Bullet 3 - Redundant statement can be eliminated as both are required in order to be candidate for endorsement.</p>			
393	10/30/15	<p>Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association.</p> <p>(Comments 352 - 500)</p> <p># 42 Page 21 Note: New hires of individual agencies that have not completed an approved WVAPBS curriculum must successfully do so within the first six months of employment and be under ongoing</p>	<u>NC</u>		No because they would not be qualified to provide this service.

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		clinical supervision by a Behavior Support Professional. Can new hires bill BSP services during this first six months while training is be completed?			
394	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) #43 513.3.1.2 (p 22) BSP II Qualifications: Third criteria "or assistant" should be eliminated. A BCaBA (Assistant) needs PBS Endorsement to provide training and they would be covered under fourth bullet if added as recommended. Add - fourth bullet - Be an Endorsed PBS Professional through a recognized APBS Network or Board of Review.	<u>D</u>		
395	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500)	<u>NC</u>		It is completed now and applications are being accepted. There are also other states that offer this endorsement.

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		# 44 513.3.1.2 Page 22 Behavior Support Professional II (BSP II) Agency Staff Qualifications The PBS endorsement process in WV is still not completed as of 10/20/15 (per website). Providers need clarification when this would be available in order for those with Bachelor's degrees to be eligible as a BSP II			
396	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 45 513.3.6 (p 22 & 23) OT Agency Staff Qualification If not agency staff and NOT enrolled as WV Medicaid Provider, then 513.2 - 513.2.1 must be obtained?	<u>NC</u>		OT's must be enrolled as a Medicaid provider either individually or as part of a group.
397	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500)	<u>D</u>		See #393

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		# 46 513.3.8 (p 23) PT Agency Staff Qualification If not agency staff and NOT enrolled as WV Medicaid Provider, then 513.2 - 513.2.1 must be obtained?			
398	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 47 513.3.14 (p 25) ST Agency Staff Qualification If not agency staff and NOT enrolled as WV Medicaid Provider, then 513.2 - 513.2.1 must be obtained?	<u>NC</u>		See #393
399	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 48 513.4 (p 25) Reporting requirements Local DHHR offices no longer take calls from those who are reporting abuse neglect. ALL Calls and/or	<u>C</u>	This paragraph has been modified to read: Anyone providing IDDW services who suspects an incident of abuse or neglect is mandated by Behavioral Health Centers Licensure Rules (Title 64 Series 11), West Virginia State Codes 9-6-1, 9-6-9 and 49-6A-2 to report the incident. Reports of abuse	

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		referrals are done through Centralized Intake and the local offices ONLY receive contact from Centralized Intake IF follow up investigation is indicated. This section should be updated in accordance with current policy practices.		and/or neglect may be made anonymously by calling 1-800-352-6513, 7 days a week, 24 hours a day.	
400	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 49 Page 26 Incidents pertaining to persons who direct services through the Personal Options FMS Model are also required to be reported through the WV IMS and the appropriate Protective Services entity. Who is responsible for entering these incidents in WV IMS?	<u>D</u>		
401	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association.	<u>D</u>		

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		(Comments 352 - 500) # 49 Page 26 Incidents pertaining to persons who direct services through the Personal Options FMS Model are also required to be reported through the WV IMS and the appropriate Protective Services entity. How will we know that all incidents are reported with these cases?			
402	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 50 Page 27 513.4 Reporting Requirements Must a mortality notification be sent to OHFLAC if the person does not live in a licensed site?	<u>NC</u>		Any mortality which is related to the treatment or supervision provided by a licensed provider shall be treated as a mandatory reporting issue and shall be immediately reported to OHFLAC utilizing the Initial Mortality Report form.
403	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500)	<u>NC</u>		Electronic Monitoring will not be used to monitor agency staff.

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		<p># 51 Page 59 513.13 Electronic Monitoring If the language could be changed to allow electronic monitoring at the same time as staff, then the state could realize a savings. For example, If I need 1:1 and you live with me, you automatically get 1:1. With electronic monitoring, the cost for the 2nd person could be reduced from \$20.04 per hour to \$9.00 per hour, therefore reducing the cost from \$40.00 per hour to \$29.00 per hour which is additional savings and less intrusion. The on call person is built in and on the premises. If an emergency occurred, then the person would switch to a 1:2 billing code until the emergency was addressed and then return to electronic monitoring afterwards. It's an easy way to reduce cost and not affect services.</p>			
404	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association.	<u>NC</u>		Current month is the current month. It would be an excellent idea to have the previous month available also.

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		(Comments 352 - 500) # 52 513.5 (p 28) Documentation/Record Retention requirements Last bullet, fourth item -define current? Current month? Previous month to date?			All documentation must be kept for a period of 5 years, however, all but the current month may be kept at the IDDW provider agency's office and not in the person's home.
405	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 53 Page 29 Eligibility and Enrollment "must be a resident of WV" Has a procedure been developed to address children placed out of state that need to apply for Waiver? Traditionally these children are not able to access to the application process until they return in state and this further delays services.	<u>NC</u>		This procedure has been in place since 2011. Several children placed out of state are on the Managed Enrollment List.
406	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association.	<u>D</u>		

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		(Comments 352 - 500) # 54 513.8 pg 37 IPP The person receiving services must attend IDT. Any exception to be made if the legal representative attends and the team decides that it would be in the best interest for the person receiving services not to attend due to having a negative impact.			
407	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 55 513.8.1 page 39 The IDT Why was the annual purchase changed to purchasing by order of importance? The degree of importance varies from person to person based on his/her need.	<u>D</u>		
408	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500)	<u>NC</u>		Bed bugs are a nationwide epidemic and thus have received enough attention that it has warranted addition in the IPP.

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		<p># 56 513.8 (p 38) Crisis plan Although it is acknowledged that "Bed bug infestation" could potentially be an identified need to be addressed in a person's crisis plan, it seems a little over the top to now require that be included in ALL individual crisis plans regardless if the team wants to or not. This seems to be a knee jerk addition and not necessary. It is recommended this be removed. It is also recommended that the crisis plan should include a plan for "loss of phone service" which would be important for ALL.</p>			
409	10/30/15	<p>Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 57 513.8 Page 37 INDIVIDUAL PROGRAM PLAN (IPP) It notes that the entire IPP needs to be uploaded into Care connection (APS Healthcare website). But on Page 99 it</p>	<u>NC</u>		The entire IPP should now be loaded into the UMC web portal.

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		contradicts itself by only identifying that the ISP, Demographic page and signature page need to be uploaded. (this is all that is required now but page 37 identifies the entire treatment plan). This needs clarification.			
410	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 58 513.8 Page 38 INDIVIDUAL PROGRAM PLAN (IPP) Now requires that if legal guardians/health care surrogate participate via telephone that the signature sheet must be obtained with their signature within 10 days. What happens if that doesn't occur? Sometimes getting legal guardians to return it within 10 days is hard. (especially if they live in California, etc...)	<u>NC</u>		APS do we need to change this for this reason?
411	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia	<u>NC</u>		This is a requirement of the Medley law suit.

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		Behavioral Healthcare Providers Association. (Comments 352 - 500) # 59 513.8 page 39 INDIVIDUAL PROGRAM PLAN (IPP) Now identifies that individuals that are Medley Class members have to meet every 3 months but the advocate only has to participate at the Annual and Semi Annual. How is this person centered? What if the guardian/individual only wants to meet every 6 months?			
412	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 60 513.8.1 Page 40 The Interdisciplinary Team (IDT) says "...with the signature sheet if the guardian checks that they disagree with the IPP, then the IPP is not valid." Why? And how is that to be resolved? If the IPP isn't valid then	<u>NC</u>		This has been an issue for a while. Agencies have no power to ensure the services are being provided according to the member's needs. They can recommend that TC be provided, the person go to day program, SE, etc, but if the family wants to disagree, they can and the member's needs are not met (often in favor of increasing family units.)

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		reimbursement of services doesn't occur.			
413	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 61 513.8.1.3 Page 41 Transfer/Discharge IDT Meeting If individual decides to go participant directed service model, the IDD 2 has to be completed and uploaded into Care connection within 2 business days and then a Critical Juncture is conducted. The way it is now, a Critical Juncture IDT meeting is conducted to discuss with the team – to allow team members to agree/disagree – the IDD 2 is updated and then submitted into Care connection. Why the change? Shouldn't it all be done at the same time? If the IDD 2 is completed and changed in Care connection prior to the IDT meeting when was the approval/agreement obtained?	<u>NC</u>		This is not a change.

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414	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 62 513.9.1 (p 42-44) Traditional Service Option Common Law Employer - This statement has not previously been included in past IDD Manuals under traditional services and this seems to be unnecessary and also ambiguous. Why is this noted in traditional services specifically and had not been in the past? Is the state now directing agencies in how to structure employment of agency staff and provider services. This appears to have been inserted as cut and paste error as it seems more directed to Self Direction services provided by PPL	<u>D</u>		
415	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association.	<u>D</u>		

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		<p>(Comments 352 - 500) # 63 513.9.1 (p 42-44) Traditional Service Option Common Law Employer language is an overstep in the manual. This language needs to be removed. This is between the employer and the DOL, IRS as BMS has repeatedly stated. Cindy Beane is relaying one message and Pat Nisbet another. This is not acceptable.</p>			
416	10/30/15	<p>Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 64 (p 42-44) Traditional Service Option "The IDDW provider is the Common Law Employer, or employer of record, of the agency staff hired." Family Person-Centered Support may NOT be categorized as a Common Law Employee, as well as Family Person-Centered Support, Out of Home Respite and In-Home Respite,</p>	<u>C</u>	<p>Section 513.9.1 has been modified to include this language and has been amended to read:</p> <p>The hourly wage of agency staff employed by an IDDW provider is determined by the agency that employs the staff person, and must comply with all local, state, and federal employment requirements. Agency providers can make their own determination under the Fair Labor Standards</p>	

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		provided by a Specialized Family Care Provider. This employment determination should be the responsibility of the provider.		Act (FLSA) and Internal Revenue Service (IRS) regulations or seek rulings from the U.S. Department of Labor and the IRS. Provider agencies would be well advised not to interpret this as an opportunity to misclassify workers. In some cases, home care workers (PCS worker who lives in the home with the person receiving services and Specialized Family Care Providers) would be classified as employees of the provider agency. In some cases, the PCS worker who lives in the home with the member may be classified as employees of the person receiving IDDW services. Agency providers should refer these service recipients to Personal Options. In some cases, these workers may	

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				<p>be deemed to be jointly employed by both the agency and the IDDW recipient under FLSA. Please note that third party employers cannot invoke the companionship exemption from minimum wage and over-time or the live-in exemption from overtime. In almost no cases would a PCS worker who lives in the home with the member or a Specialized Family Care Provider be properly classified as an independent contractor. Agency providers are not authorized to function as an Fiscal Employer Agency on behalf of the person receiving services. If a PCS worker chooses to work for multiple provider agencies, or chooses to work for a provider agency for some</p>	

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				<p>hours and work for the person receiving services who is enrolled in Personal Options for other hours, this must be the choice of the PCS worker and not at the expedience of the provider agencies or DHHR's contracted subagent for F/EA. All agency staff hired by an IDDW provider must meet the requirements listed in the applicable Agency Staff Qualifications in Section 513.3.</p> <p>The IDDW provider is responsible to:</p> <ul style="list-style-type: none"> • Recruit and hire agency staff; • Classify agency staff correctly; • Provide required training to agency staff, including training on needs 	

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				specific to the person who receives services; <ul style="list-style-type: none"> • Determine agency staff work schedule and how and when agency staff should perform the required tasks; • Determine agency staff daily activities; • Evaluate agency staff performance; • Maintain and process agency staff payroll; • Maintain documentation in a secure location and ensure employee confidentiality; and • Discharge agency staff, when necessary. With regard to the provision	

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				<p>of Traditional Options services, the UMC is responsible to:</p> <ul style="list-style-type: none"> • Conduct agency satisfaction surveys with a sample of persons who receives services and their representatives (when applicable), and receive and analyze the survey results and report them to BMS annually; and • Conduct provider reviews on a defined cycle using an approved review protocol based on IDDW requirements. 	
417	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers	<u>D</u>		

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		Association. (Comments 352 - 500) # 65 (p 42-44) Traditional Service Option Common Law Employer/IDDW provider is responsible to: The 8 bullets inserted at top of page 44 again indicates the state is directing provider agencies how they MUST conduct business. The Provider does not "recruit" Family PCS, determine work schedule and how or when required tasks are performed, or evaluate performance. Same for SFCP who are approved by DHHR.			
418	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 66 Page 44 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	<u>NC</u>		Only those who participant-direct have the option to exercise budget- and employer-authority.

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		<p>individuals and organizations who provide them (employer authority); and/or how the portion of their individualized budget associated with participant-directed services (i.e., their participant-directed budget) is spent (budget authority). he/she has the opportunity to exercise choice ---this should be in every case for every individual receiving IDD services not just under the Participant-Directed Service Option.</p>			
419	10/30/15	<p>Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 67 513.9.2 (p 45) Participant Directed Service Option Additionally, the conflict of interests is tremendous as parent are directing services provided to their family member and at the same time the staff is directing IDD W providers that they must be classified as stated above: IDD waiver participants who live with</p>	<u>D</u>		

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		<p>their parents, not in their own home, do not meet the definition of having "live in companions" as they, the IDD Waiver participant actually LIVES with their family member in the family member's home, the family member is not coming into the IDD Waiver Participant's home and "living " in the participants home. That being said, the "live in companion rule" is not pertinent and should not be used with Traditional services or PPL Self Directed Services. The use of this reference is conflictual and ambiguous and benefits only PPL as currently written in this policy manual.</p>			
420	10/30/15	<p>Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 68 Page 43 Based on assessments, the IDT identifies needed services and addresses those on the IPP. This statement is not included in</p>	<u>C</u>	<p>This sentence has been added to 513.9.2 and the end of the first paragraph:</p> <p>Based on assessments, the IDT identifies needed services and addresses those on the IPP.</p>	

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		Participant-Directed Service Option section---so only Traditional Service Option services are assessment based?			
421	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 69 Page 44 513.9.2 Participant-Directed Service Option It appears that the way Participant-Directed Service Option is written it is all on individual choice and no mention of assessment. The Traditional Service Option is assessment based with no choices.	<u>D</u>		
422	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 70 Page 45 "the hourly wage of Qualified Support Workers....." Under the Participant-Directed	<u>D</u>		

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		Services option: how will overtime be addressed? A code for reimbursement is set at a fixed amount. Are monies drawn down from the budget without an applicable code from the manual or in excess of the established reimbursement rate for a code (doing so would appear to be an enhancement of the Medicaid rate with money from the budget without an applicable code)? Is the hourly rate reduced in such a way to ensure that overtime (1.5 times the set hourly rate) is still at or less that the Medicaid rate minus all mandatory deductions in order to ensure compliance with federal and state labor laws?			
423	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 71 Page 45 & 46 As the Common Law Employer, the person who receives services is responsible: The bullets written at the bottom of page 45	<u>D</u>		

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		and top of page 46 are clearly written to benefit PPL. Stating the person who receives services is the employer of record, it seems rather conflictual that as indicated on page 40, the purchase services and directing the IPP plan itself is role of the participant and their legal representative, which again, often is the parent who is also providing services. This would pertain to BOTH PPL and Traditional service provision. How is this interpreted differently between traditional and self direction when actually, particularly with PCS-Family Services, the STATE seems to be more appropriately classified as the primary entity and both Traditional and PPL providers are passing through monies billed down for that service?			
424	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 72 513.10.1 (p 48-49) Behavior Support Professional I and II (Traditional Option)	<u>D</u>		

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		In the first sentence, referring to "Behavior Support Professional (BSP) services are provided to persons with assessed need, as identified on the annual functional assessment, for adaptive skills training. Is annual functional assessment pertaining to the Annual APS Assessment results? Annual Functional Assessments (that are typically completed by BSP's) are not created for consumers that do not exhibit maladaptive behaviors.			
425	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 73 513.9.2 page 48 Person-Directed Services How do we know the costs or fees to explain to members?	<u>D</u>		
426	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association.	<u>NC</u>		No, but it should be noted during the next IPP and the individual/legal representative should be made aware of the

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		(Comments 352 - 500) # 74 Page 49 Revises the Plan as needed. Does the team have to approve any revisions to the BSP prior to implementation?			changes. If any restriction measures are implemented, prior approval from the individual/legal representative and the agency's Human Rights Committee is needed.
427	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 75 Page 49 Section Referenced: The BSP may also perform the following functions. Under this section, there is a bullet stating that the BSPI or BSP II can facilitate person-centered planning as a component of the Positive Behavior Support Plan. But there is no real feel for Quality of Life assessment. While this is certainly a part of person centered planning, it needs to stand out just a little more. Also, it states "for a person with a Positive Behavior Support Plan." Shouldn't all	<u>D</u>		

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		consumers, regardless of having a PBS Plan or not, receive Quality of Life assessment and person centered planning?			
428	10/30/15	<p>Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 76 513.8 (p 38) Individual Program Plan (IPP) Referencing the section "All components in the WV-BMS-IDD-05. 3rd bullet on the list on page 38: indicates the signature of the person/legal representative is to be included in the Behavior Support Plan/Protocol. The consent of the consumer (person/legal representative) should be obtained PRIOR to creating the PBS Plan. It may be more appropriate to have a seperate consent form that can be signed before the PBS Plan is developed. then it can be attached to the finalized PBS Plan/Protocol. Signatures of team</p>	<u>C</u>	<p>This bullet has been added: The person or their legal representative must sign off on their agreement prior to the development of the plan.</p>	<p>The UMC will develop this form and it will be available on the BMS webpage.</p>

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		members agreeing to the PBS Plan and agreeing that they were involved in creating the PBS Plan/Protocol is already a requirement and in the PBS Plan/Protocol (usually the last page of the document).			
429	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 77 513.11.1 Crisis Services (Traditional Option) Page 52 Service Units: Unit = 15 minutes What is the new rate for 15 minute unit?	<u>NC</u>		\$10.00 per 15 minute unit.
430	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 78 513.15.1 pages 61-62 Facility-Base Day Hab. It remains a concern that not all members are appropriate for pre-voc	<u>D</u>		

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		or job development, so what are they to do? Why can members not in day treatment only be able to access 8 of the 12 hours of services? Can an assessment be developed to determine the member's suitability for pre-voc or job development (DRS has a tool). If the member is unsuitable (or has no desire to do this) can an exception be made?			
431	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 79 513.15 Page 63 Day Program Review Will we be able to use PCS in the learning center building in an integrated setting that teaches community & adult learning tasks?	<u>NC</u>		It would depend on if there are individuals there who are also taking classes. If the answer is yes, then PCS would be allowed in this setting.
432	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association.	<u>D</u>		See #428

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		(Comments 352 - 500) # 80 513.15 Page 63 Day Program Review If we cannot bill PCS in the learning center, can we be classified as something else?			
433	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 81 513.15 Page 63 Day Program Review Does the FBDH code end after 3 years?	<u>NC</u>		No, but the facility must have been approved as meeting the CMS Integrated Setting Rule in order to continue after 3/2019.
434	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 82 513.15.1 Facility Based Habilitation Does the FB 3 year limit based on budget year or calendar year.	<u>NC</u>		The 3 year limit will begin 12/1/15 for individuals currently receiving FBDH services. For others, the 3 year clock will begin when the service is added to their IPP.
435	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers	<u>NC</u>		For individual who reside in natural, adoptive or Specialized Family Care Homes and do not access any

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		Association. (Comments 352 - 500) # 83 Page 64 FBDH Are agencies to assume members who will not qualify for Supported Employment Services will receive a budget that will allow for 1:1 services in their homes during the time they would have been in Day Hab?			type of Day Services (FBDH, PreVoc, Job Development or SE), the amount of PCS available is 12 hours per day if it is an assessed need and within the individual's budget. Individuals who reside in ISS/GH are eligible for 24 hours a day of PCS if within budget.
436	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 84 513.15.1 Facility Based Habilitation When does 3 year clock start based on budget, 6-month, and/or annual.	<u>C</u>	The manual has been modified to clarify to read: This service will only be available for three years following the implementation date of this manual and upon purchase of this service in the UMC portal for the individual receiving services.	
437	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500)	<u>D</u>		

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		# 85 513.15.3 pg 67 Job Development There is no clarity on the Supported Employment Services Supervisor qualifications.			
438	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 86 513.15.3 pg 67 Job Development Is a 1:2 ratio missing for this code.	<u>NC</u>		This is a 1:1 service.
439	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 87 513.15.3 pg 67 Job Development Define type of training RN and TC do to include person specific training and not general orientation training for this code.	<u>NC</u>		RN would train on member specific health needs such as seizures or diabetes. BSPs would train on habilitation/behavior needs.
440	10/30/15	Title of Email: Waiver 2015 Draft manual	<u>D</u>		

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		Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 88 513.15.3 pg 67 Job Development Add to second paragraph to include training in person specific information.			
441	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 89 513.15.3 pg 67 Job Development Verify person-specific goal training exists for this code.	<u>D</u>		
442	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 90 513.15.2 Pre-Vocational Change language to can be provided	<u>C</u>	The manual has been modified to “Supervision and specialist services are provided under the direct supervision of a Prevocational Program Supervisor.”	

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		under a day program supervisor.			
443	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 91 513.15.2 Pre-Vocational Verify that RN and LPN can both provide person specific training with this code.	<u>NC</u>		The manual states that a BSP or RN may provide this training, not an LPN.
444	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 92 513.15.2 Pre-Vocational Elaborate on the transition backward and forward through waiver supported employment codes.	<u>NC</u>		There is not backward and forward mentioned in the manual.
445	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 93 Page 65 Pre-vocational	<u>NC</u>		Individuals will be able to use Person-Centered Support services to access activities in the local public community which is the most integrated place for social activities to

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		<p>services are designed to create a path to integrated community-based employment for which an individual is compensated at or above the minimum wage, but no less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Not all individuals are able to work. What services will be offered after day hab for these individuals?</p>			occur.
446	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 94 513.15.2 Pre-Vocational Should critical junctures' also be used change and new pre-voc services	<u>C</u>	This bullet has been removed This information is in Section 513.8.1.14 Critical Juncture IPP.	
447	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500)	<u>D</u>		

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		<p># 95 Page 66 Activities must consist of programs of instruction/training developed and evaluated by a Behavior Support Professional. Supervision, assistance, and specialist services are provided under the direct supervision of a Day Program supervisor.</p> <p>What are specialist services?</p>			
448	10/30/15	<p>Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500)</p> <p># 96 513.15. Page 68 Job Development (Traditional Option)</p> <p>Job development services must be supervised by a Supportive Employment Services supervisor or a BSP. What is the definition of a SE Services supervisor and what training is expected of this personnel.</p>	<u>D</u>		
449	10/30/15	<p>Title of Email: Waiver 2015 Draft manual Comments</p>	<u>NC</u>		Each IDDW provider must hire qualified staff and develop

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		<p>Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 97 Page 68 In addition to the standard training requirements, paraprofessionals providing job development must have documented training or experience in implementation of Supported Employment plans of instruction. What is the documented training or experience in implementation of Supportive Employment plan of instruction?</p>			<p>appropriate policies and procedures.</p>
450	10/30/15	<p>Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 98 Page 68 Supports to assist a person who receives services in developing a business plan and obtaining funding to start his/her own business. Where are these funds available to</p>	<u>NC</u>		<p>The Division of Rehabilitation Services has helped individuals in developing business plans and obtaining funding to start their own small businesses.</p>

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		assist individuals with starting their own business?			
451	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 99 Page 69 Supported Employment Services provided by awake and alert staff are services that enable individuals to engage in paid, competitive employment, in integrated community settings. Living in rural areas limits the number of opportunities available.	<u>NC</u>		BMS agrees.
452	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 100 Page 70 Documentation is maintained in the file of each person receiving this service that a referral was made to a program funded under section 110 of the	<u>NC</u>		The manual states that documentation must be maintained in the individual's file that a referral was made to DRS. Is highly recommended that DRS services be utilized first before IDDW Job Development and Supported Employment are used.

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		<p>Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.) before this service was provided. Does documentation need to be maintained at DRS or at the agency providing the Supportive Employment Services as we have always had difficulty obtaining documentation from DRS regarding individuals?</p>			
453	10/30/15	<p>Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 101 513.15.4 Page 70 Supported Employment There is no clarity on the Supported Employment Services Supervisor qualifications.</p>	<u>NC</u>		IDDW provider agencies are expected to hire qualified staff.
454	10/30/15	<p>Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association.</p>	<u>D</u>		

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		(Comments 352 - 500) # 102 513.15.4 Page 70 Supported Employment (Traditional Option) Supportive Employment services must be supervised by a Supportive Employment Services supervisor or a BSP. What is the definition of a SE Services supervisor and what training is expected of this			
455	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 103 513.15.4 Page 71 Supported Employment (Traditional Option) Up to 48 units/12 hours of Supported Employment services every 3 months per person may be billed, if necessary, for the purpose of training in person-specific instruction (i.e. behavioral intervention plans, medical plans of care, specific instructional activities, etc.) and/or service objectives. Only BSPs or RNs may bill for providing training to Supported	<u>D</u>		

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		Employment staff. This will need further clarification since they have removed units used for purposes of training in all other categories.			
456	10/30/15	# Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) 104 Page 73 PCS Is the PCS-Crisis code also intended for a children's crisis site or just for an adult facility?	<u>NC</u>		This is for adults only as there are no crisis sites for children at this time that bill for IDDW services.
457	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 105 Page 73 PCS How is local community defined?	<u>NC</u>		The local community is the place where the individual resides, works and plays.
458	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association.	<u>NC</u>		BMS recognizes that individuals residing in ISS/GH settings often do not have families to provide natural

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		(Comments 352 - 500) # 106 513.17 Page 73 Person-Centered Support If an individual has behavioral needs that arise due to temporary change in environment while being hospitalized all of the PCS services should be available, regardless of being based on the residential setting of the individual.			support during hospitalizations. Individuals who reside in natural and adoptive family homes do have this natural support available.
459	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 107 Page 74 Prior Authorization: All units of service must be prior authorized before being provided. Prior authorizations are based on assessed need identified in the annual functional assessment and services must be within the individualized budget of the person who receives services. How are individual budgets impacted when there are errors on the annual functional assessment? If budgets are	<u>NC</u>		Individuals and their legal representatives have a mechanism to notify the UMC that an error occurred during the annual functional assessment or if there has been a change in need from the time the assessment occurred and the budget letter was received.

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		set low based on the errors, an individual may not be able to access this service.			
460	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 108 Pages 73-89 PCS Cap for Unlicensed and Licensed PCS is 24 hours per day. Please clarify that the provider is not able to bill the PCS code for staff time spent for person-specific training.	<u>C</u>	Manual has been modified to add this language: 513. 17.3 Licensed Group Home PCS services may include on-site training specific to the person who receives services. 513.17.4.1 Unlicensed Residential PCS services may include on-site training specific to the person who receives services.	
461	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 109 Pages 73-89 PCS Cap for Unlicensed and Licensed PCS is 24 hours per day. Please explain	<u>D</u>		

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		what LPN tasks directly contribute to this 24 hour cap. Is it time during med passes only? Is it face-to-face assessments also?			
462	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 110 Pages 73-89 PCS 1:1 must not exceed 12 hours per day without BMS approval. What is the ultimate transitional plan for those individuals who will not be approved?	<u>NC</u>		It is up to an individual's IDT to explore natural supports and other HCBS services and options available.
463	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 111 513.17.1.1 / pg. 75 Family PCS Traditional Under Limitations/Caps, the 4th bullet point down discussing maximum annual units for persons 18 & older: it says, "...this is in combination with the	<u>D</u>		

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		<p>following direct support services: all other types of PCS, LPN, Crisis Intervention, & Electronic Monitoring." Shouldn't this include Day services (FBDH, Pre-Vocational, Job Development)? The Day services limitations state that the limitations are in combination with all other direct care services, including PCS. This means Day Services, PCS, LPN, Crisis Intervention, & Electronic monitoring have a combined cap, correct? The cap is 11,680 units for PCS for those 18 & older, but that would be a combined cap, correct? For example, the cap of 11,680 would have to include any FBDH that is requested. So, if 6240 units of FBDH (cap for FBDH) is requested with no other direct care services requested, only 5,440 units of PCS could be requested for a total of 11,680 units combined. If that is the case, then the 5th bullet point down is questionable. It states, "All direct support services cannot exceed an average of 12 hours per day on days when FBDH, Job</p>			

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		Development, Pre-vocational, &/or Supported Employment services are provided." If it isn't meaning hard caps, but daily averages as it suggests by saying "average of" then if the example scenario above is correct, there is no way that direct support services could exceed an average of 12 hours per day if the combined cap in this scenario is 11,680 units (11680 divided by 365 divided by 4 equals an average of 8 hours per day).			
464	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 112 513.17.1.2 Page 77 Family PCS Personal Options Same comment as above regarding combined caps and daily average.	<u>D</u>		
465	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association.	<u>D</u>		

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		(Comments 352 - 500) # 113 513.17.2 Page 80 Home-Based Agency PCS Traditional Same comment as above regarding combined caps and daily average			
466	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 114 Page 78 Home-Based Agency Person-Centered Support (PCS) is provided in the home of the person who receives services, in a Specialized Family Care Home, and/or in the local public community by Agency Direct Support Professionals who do not live in the home with the person. Can this service be provided at a Facility Based Day Hab location by agency staff?	<u>NC</u>		No
467	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers	<u>NC</u>		Home-Based Person Centered Support occurs in a natural, adoptive or Specialized Family Care home and thus the 1:3

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		Association. (Comments 352 - 500) # 115 Page 79 513.17.2 Home-Based Agency Person-Centered Support (Traditional Option) Loss of 1:3 and 1:4 ratios will be detrimental to our agency's ability to provide group activities to consumers in their communities.			and 1:4 ratios are not utilized in these settings.
468	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 116 Page 82 All requests for more than an average of 12 hours per day of 1:1 services require BMS approval. Approval of this level of service will be based on demonstration of assessed need not a particular residential placement. How is demonstrated assessed need determined when reviewing the DSS LA form? What criteria is being looked at?	<u>NC</u>		There is an assessment that is being used.
469	10/30/15	Title of Email: Waiver 2015 Draft manual	<u>D</u>		Depending on the reason for

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		<p>Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 117 Page 85 513.17.4.1 Unlicensed Residential Person-Centered Support (Traditional Option) All requests for more than an average of 12 hours per day of 1:1 services require BMS approval. Approval of this level of service will be based on demonstration of assessed need not on a particular residential setting. How is demonstrated assessed need determined when reviewing the DSS LA form? What criteria is being looked at?</p>			<p>the request, all documentation is reviewed by a qualified clinician (RN for medical reasons, BSP for behavioral reasons, ie.) Clinical recommendations are made by that qualified clinician.</p>
470	10/30/15	<p>Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 118 513.18.2.1 Out of Home Respite (Traditional Option) Is this to be used by Specialized</p>	C	<p>The manual has been modified to clarify: 513.18.1.2 Site of Service: This has been modified to remove licensed day program facility or pre-vocational center.</p>	

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		Family Care only? Please provide further technical assistance regarding this service and purpose of the code.		513.18.2. 1 Site of Service: This service may be provided in a Specialized Family Care Home in which the person who receives services does not reside, licensed facility-based day programs, licensed pre-vocational centers, and/or public community locations.	
471	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 119 Page 90 Respite Can "out of home respite" be provided in a home rented or owned by the provider? This could be a day program or a licensed respite drop in facility.	<u>NC</u>		No
472	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 120 Page 89 513.17.5 Crisis Site	<u>C</u>	The numbers were transposed and have been corrected from 4,032 to 4,320	

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		<p>Person-Centered Support (Traditional Option) The maximum annual units of Crisis Site services may not exceed 17,280 units/4,032 hours (based upon an average of 24 hours per day for 180 days) per IPP year. This is in combination with the following direct support services: PCS, Day Services, LPN, Crisis Intervention and Electronic Monitoring.</p> <p>Not adding up correctly. 24 hours per day for 180 days = 4320 hours (17,280 units)</p>			
473	10/30/15	<p>Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500)</p> <p># 121 Form IDD-12 must be submitted by the Service Coordinator to the UMC within 72 hours of admission.</p> <p>Why submit DD-12? Is the DD-12 form changing? Will this serve as notification to UMC?</p>	<u>NC</u>		This has been an ongoing requirement.

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474	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 122 513.18.1 / pgs. 90-94 & 513.18.2 / pgs. 94-97 In-Home Respite & Out-of-Home Respite Other than the procedure codes/ratios available, is the only difference between In-Home Respite & Out-of-Home Respite the location of service? It may help to clarify that in these sections if possible. Reading through the information, that seems to be the only clear difference (that Out-of-Home Respite is Respite which is provided in a Specialized Family Care Provider's home that is NOT the member's home; therefore, the provider of the Out-of-Home Respite would have to be a Certified Specialized Family Care Provider).	<u>C</u>	Section 513.18.2.1 This bullet has been added under Limitations and Caps: Out-of-Home Respite may not be provided to children under 18 years of age in a Facility – Based Day Habilitation program or a Prevocational Center. This same bullet was added in Section 513.18.2.2 Out-of-Home Respite (<i>Personal Options Model</i>)	
475	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia	<u>NC</u>		As long as the IPP is uploaded within the 14 calendar days ,then authorizations will roll

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		<p>Behavioral Healthcare Providers Association. (Comments 352 - 500) # 123 513.19.1 pg. 99 Service Coordination Concern with the 10th bullet point down, regarding no services being prior authorized until the current IPP is loaded into the web portal. If a person with a Dec. 1 anchor date has their Annual IPP IDT meeting on 11/19/2015 and the SC has 14 days for dissemination and uploading of the IPP, that 14th day would be after the new budget year begins. Services are not to be provided without prior authorization; does this mean that no services could be provided until the IPP is uploaded and the Registration Coordinator has viewed it and approved the purchase (which could take longer than the 14 days)? Usually, Registration Coordinators will say that it will be fine because the authorization will "roll back" to the anchor date, but it is not specified this way in the manual.</p>			<p>back to the anchor date and providers should be paid for services provided.</p>

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476	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 124 513.19.1 Page 98 Service Coordination (Traditional Option) “Verify financial eligibility during monthly home visits” Are monthly calls through the Medicaid hotline not acceptable anymore? The Medicaid card is only printed annual – how can financial eligibility be verify on a monthly basis with an annual card?	<u>NC</u>		Calls can and should still be made to the Medicaid hotline to check financial eligibility.
477	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 125 pg 99/101 Schedules In the new manual, it indicates that the SC should provide schedules of all programs to ensure times and tasks do not overlap or duplicate (new minimum requirement), yet the restrictions	<u>NC</u>		A schedule should be attached to the DD5 which includes times and activities provided by other providers of service, including natural supports.

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		clearly indicate that the role of an auditor is prohibited. Could BMS provide real life examples of the specific role/actions of the SC to determine that schedules do not overlap.			
478	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 126 513.19.1 Page 99 Service Coordination (Traditional Option) Bullet # 9 added dissemination Treatment plan to PPL representative. We haven't had to do this before. Why the change? And Who do we need to send it to? The resource Coordinators change frequently. Also with this is says dissemination of treatment plans within 14 business days – does this now include Critical Juncture IDD 5's? Nowhere in the manual did I find that is says the 5 days that we currently abide by.	<u>NC</u>		The Personal Options program does not have access to the UMC web portal, thus a copy needs to be sent to the Central Office. BMS will check and see if the Personal Options provider can set up a company email box for this purpose. Yes, it does include CJs.
479	10/30/15	Title of Email: Waiver 2015 Draft manual	<u>D</u>		See #247

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		Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 127 Page 101 Service Coordination "service coordination cannot be billed for the entire calendar month if a home visit did not occur within the calendar month" Will there still be a waiver available for months that extenuating circumstances occur such as weather or illness?			
480	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 128 513.19.1 Page 101 Service Coordination (Traditional Option) SC can't bill for Utilization Management activities. How do we ensure compliance with IPP then?	<u>NC</u>		This is an administration activity and has never been billable by a SC.
481	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD	<u>C</u>	This bullet has been modified to read:	

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		Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 129 Page 101 Service Coordination cannot be billed for evaluation a person's IPP implementation by means of review of "billing or billing documentation" or other auditing activities. TYPO--evaluation should be evaluating		Service Coordination cannot be billed for evaluation of a person's IPP implementation by means of review of "billing or billing documentation" or other auditing activities.	
482	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 130 513.20.1 (p 102) Skilled	<u>D</u>		

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		Nursing Licensed Practical Nurse (Traditional Option) Reviewing and verifying physician orders are current, properly documented and communicated to direct care staff and others per IDDW provider policy; Does not state when no AMAPs are administering medications.			
483	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 131 513.20.1 pg 103 Skilled nursing LPN What are recommendations for individuals 18 to 21 years old that require LPN to administer medications and have no natural support available?	<u>D</u>		
484	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500)	<u>NC</u>		The IDDW provider agency must decide how to deploy their staff in the most efficient manner, however, no more than 24 hours of direct care services will be able to be

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		<p># 132 pg 103 Skilled nursing LPN The caps in LPN services in association with other PCS not exceeding 24 hours becomes an administrative burden to track along with the fact that providers will end up paying employees for needed time that we can no longer receive compensation.</p>			billed for individuals who reside in ISS/GH except for 5 hours for LPN to complete tasks in the office.
485	10/30/15	<p>Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500)</p> <p># 133 Skilled Nursing - Pgs. 1 and 103 Skilled Nursing LPN (Traditional Option) Service is available for adults 21 and older - and not available "at all" for "Children under age 21. Eighteen to 21 year olds are legal adults who become their own legal guardian if not adjudicated. How do persons living in a 24 hour agency Waiver setting who are 18 - 21 and need LPN service access this service? If they cannot access this code they will not be able to receive the following services - medication</p>	<u>D</u>		

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		administration by a nurse, making of appointments, obtaining informed consents, updating emergency information, having a nurse at an APS assessment, etc. Is this denial of LPN services for those 18-21 meant for natural families and not for those is a 24 hour Waiver setting?			
486	10/30/15	<p>Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500)</p> <p># 134 Skilled Nursing - Pgs. 1 and 103 Skilled Nursing LPN (Traditional Option)</p> <p>Requests for more than 2 hours per day of LPN Services have been initially denied even when extenuating circumstances have been clearly defined and supporting documentation is provided. There are cases where only a nurse by law can provide the care needed as in the case of someone with a tracheostomy. It is a concern</p>	<u>NC</u>		These requests will considered on an individual basis by BMS.

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		that those reviewing and approving the nursing services needs determined by the IPP team don't recognize that not approving nursing for services that by law require a nurse put both the Individual and the agency in jeopardy.			
487	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 135 LPN If LPN services are authorized in combination with all other direct care services, how do we bill when an LPN comes on site to pass meds?	<u>NC</u>		The IDDW provider agency will have to decide how to deploy their staff in order to not duplicate time periods.
488	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 136 LPN LPN concurrent billing. What if the nursing service is provided at the office	<u>D</u>		

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		away from the client? For example, scheduling Dr. appointments. How could this be reduced off direct care billing. This is not realistic.			
489	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 137 513.20.2 (p 104) Skilled Nursing Licensed Practical Nurse (Traditional Option) The RN must complete a summary of services provided if necessitated by a change in the person's medical needs, such as Emergency Room visits, medication changes, diagnostic changes, new treatments recommended by physician, etc. Clarification needed to determine if a nursing progress note is sufficient to include this information at the time it occurs.	<u>NC</u>		The progress note would be sufficient to provide the update of the changes. Then the appropriate changes would need to be made on the MAR's etc if necessary. Those changes on the MAR's could be done by an LPN if only LPN's pass meds to the individual. The RN would have to make those changes in AMAP's administer as well. So, a progress note and then updates to any forms that are indicated such as the MAR's....
490	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia	<u>D</u>		

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		Behavioral Healthcare Providers Association. (Comments 352 - 500) # 138 Missing items from old manual LPN & RN - can LPN and RN still bill for routine monitoring of specific medical symptoms such as seizures, bowel habits, blood pressure, diet, and exercise; and keeping emergency contact information updated and accurate as these statements were not included.			
491	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 139 513.21.2 Transportation Miles This is only service that specifies 30 mile restriction. Does this no longer apply to the other codes	<u>NC</u>		It has always only applied to Transportation.
492	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers	<u>NC</u>		Families should provide natural support or access NEMT for medical appointments.

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		Association. (Comments 352 - 500) # 140 Page 106 *Does this section indicate that families are no longer able to transport to appointments and must access NEMT?			
493	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 141 513.21 pg 106 Transportation In the past our agency was informed if travel for medical appointments was identified in the plan, then it would be reimbursed. In 513.21.1 references transportation to services which is addressed on the IPP and based on assessment need on the annual functional assessment. NEMT do not reimburse if cancellation at the door. What is the timeline to cancel? There are some individuals that at the last minute may change their mind to attend the scheduled	<u>NC</u>		Please refer to Chapter 524 Transportation for policy, rules and regulations regarding the NEMT policy.

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		appointment.			
494	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 142 513.21.1 pg 107 Transportation miles (traditional services) Purpose of the odometer reading; the participant will not have the same on going staff.	<u>NC</u>		The DD7 should note the driver so the agency can track odometer readings.
495	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 143 513.21.3 pages 109-110 Transportation Trips Two one-way trips a day is not sufficient for members who are accessing several services such as ISS and day treatment. This will impact the ability for members to be integrated into their communities.	<u>NC</u>		Individuals can also access transportation miles and NEMT to meet their transportation needs.

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496	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 144 Page 109 Beginning and ending odometer reading The person's IPP must specify the number of miles per service (ex. Up to 100 miles per month shall be used for transporting the person to and from his job location). Do we really have to track miles and odometer readings for trips? And if so is the DD-7 document going to include this requirement?	<u>NC</u>		Yes
497	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 145 513.25.3 Page 113 Grievances/Complaints What is an IDD 13? It lists that. Never heard of that one. It also has a blurb	<u>NC</u>		The DD 13 is the mechanism for an individual/legal representative to notify the UMC of a change in need between the time the annual functional assessment was completed and the budget letter received or that the correct information was not

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		about "At no time is the amount of the annual Individual budget amount a matter that maybe taken before the Board of Review through a Medicaid Fair Hearing"....why not? If someone is questioning the results of the APS Assessment and how they obtained that assigned budget amount – why can't that be questioned?			provided during the annual functional assessment.
498	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 146 513.26 pages 114-115 Discharge There is a great concern that the previous requirement was "not accessing services within a 180 day period" and it has now been decreased to 30 days. By nature of this population many members are hospitalized frequently and sometimes for periods of 30 days. Also, my agency has a member who is court ordered to visit her father for 2 months in the summer and one month in the winter. How will these	<u>D</u>		See #14

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		situations be handled?			
499	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 147 513.26 Page 115 DISCHARGE notes that if no direct care services are utilized at least once with a calendar month then discharge from IDD Waiver can occur. (it talks about exception if a transfer occurs). But what happens if an individual goes into rehabilitation, psychiatric, etc. that they don't use services for a month). It used to be 180 days but they are changing this.	<u>D</u>		See #14
500	10/30/15	Title of Email: Waiver 2015 Draft manual Comments Compiled from the I/DD Committee of the West Virginia Behavioral Healthcare Providers Association. (Comments 352 - 500) # 148 Clarify - If a person does not access any direct care service for a month are they at risk of being	<u>D</u>		

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		discharged from the IDD Waiver Program or is the DD-12 still going to be utilized requesting an extension?			
501	10/30/15	WV Cares provided additional negative findings that need to be added to Section 513.2.1	<u>C</u>	These were added to the negative findings list: <ul style="list-style-type: none"> • Sexual Offenses, • Crimes against chastity, morality and decency and • Crimes against public justice 	
502	10/30/15	513.25.3 Grievances/Complaints. BMS has changed this entire section	<u>C</u>	513.25.3 Grievances/Complaints section has been replaced	
503	10/30/15	513.25.4 Appeals BMS has renamed and rewritten this entire section and added two new subsections 513.25.4.1 Medical Re-Determination Eligibility Appeals 513.25.4.2 Service Authorization Process	<u>C</u>	513.25.4 Appeals and Service Authorizations 513.25.4.1 Medical Re-Determination Eligibility Appeals 513.25.4.2 Service Authorization Process	
504	10/30/15	513.7.1 Annual Re-determination of Medical Eligibility BMS has changed this entire section	<u>C</u>	Annual Re-determination of Medical Eligibility has been replaced.	

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505	10/30/15	513.8.1.4 Critical Juncture IDT Meeting BMS has changed this section	<u>C</u>	Critical Juncture IDT Meeting has been updated.	
506	10/30/15	Background BMS has removed the following sentence from the last paragraph: This program was previously referred to as the Mental Retardation and Developmental Disabilities (MR/DD) Waiver Program.	<u>C</u>	Sentence was deleted	
507	10/30/15	Glossary: Intellectual Disabilities and Developmental Disabilities Waiver (IDDW) Program: Need to remove Formerly referred to as the MR/DD Waiver Program from the term:.	<u>C</u>	Intellectual Disabilities and Developmental Disabilities Waiver (IDDW) Program: The program funded by the Center for Medicare and Medicaid and administered by the Bureau for Medical Services.	
508	10/30/15	Glossary: Intellectual Disability Need to remove Mental Retardation from the term	<u>C</u>	Sentence in term now reads: Causes of intellectual disabilities may vary and degree of intellectual impairment can range from	

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				mild to profound.	
509	10/30/15	Glossary: Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Need to remove Mental Retardation from the term	<u>C</u>	Sentence in term now reads: An institution for persons with intellectual disabilities that provides, in a protected residential setting, ongoing evaluation, planning, 24 hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his greatest ability as defined in 42 CFR 435.1010 .	
510	10/30/15	Need to Add to Glossary and Define the term Intensively Supported Setting (ISS)	<u>C</u>	Term added to Glossary: Intensively Supported Setting (ISS): A residential home that is not licensed by the Office of Health Facility Licensure and Certification (OHFLAC) with one to three people receiving services who lease, own or rent the home.	
511	10/30/15	Need to remove Licensed Home from the Glossary and add and Define the term Licensed Group Home (GH)	<u>C</u>	Licensed Home Removed from Glossary	

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				<p>Licensed Group Home (GH) Term added to Glossary:</p> <p>Licensed Group Home (GH): A residential setting that is licensed by the Office of Health Facility Licensure and Certification (OHFLAC) with one to four people receiving services. The site is leased or owned by an IDDW agency provider.</p>	
512	10/30/15	<p>513.17.1.1 Family PCS (Traditional Option)</p> <p>Limitations and Caps 11th bullet:</p> <p>Family PCS cannot replace the routine care, and supervision which is expected to be provided by a parent or a Specialized Family Care Provider who provides care for a foster child or adult.</p> <p>Needs to be updated to clarify care expected to be provided to biological, adoptive, or foster children or adults by a parent or a Specialized Family Care</p>	<u>C</u>	<p>Bullet updated to read:</p> <p>Family PCS cannot replace the routine care, and supervision which is expected to be provided to biological, adoptive, or foster children or adults by a parent or a Specialized Family Care Provider.</p>	

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		Provider.			
513	10/30/15	<p>513.17.1.2 Family PCS (Personal Options Model)</p> <p>Limitations and Caps 11th bullet:</p> <p>Family PCS: <i>Personal Options</i> cannot replace the routine care, and supervision which is expected to be provided by a parent or a Specialized Family Care Provider who provides care for a foster child or adult.</p> <p>Needs to be updated to clarify care expected to be provided to biological, adoptive, or foster children or adults by a parent or a Specialized Family Care Provider.</p>	<u>C</u>	<p>Bullet updated to read:</p> <p>Family PCS: <i>Personal Options</i> cannot replace the routine care, and supervision which is expected to be provided to biological, adoptive, or foster children or adults by a parent or a Specialized Family Care Provider.</p>	
514	10/30/15	<p>513.17.2 Home-Based Agency PCS (Traditional Option)</p> <p>Limitations and Caps 12th bullet:</p> <p>Home-Based PCS services cannot replace the routine care, and supervision which is</p>	<u>C</u>	<p>Bullet updated to read:</p> <p>Home-Based Agency PCS services cannot replace the routine care, and supervision which is expected to be provided to biological,</p>	

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		<p>expected to be provided by a parent or a Specialized Family Care Provider who provides care for a foster child or adult.</p> <p>Needs to be updated to clarify care expected to be provided to biological, adoptive, or foster children or adults by a parent or a Specialized Family Care Provider.</p>		<p>adoptive, or foster children or adults by a parent or a Specialized Family Care Provider.</p>	
515	10/30/15	<p>513.6.1.1 Initial Eligibility Determination Process, Page 30</p> <p>Removed MECS from the 7th paragraph should be current approved diagnostic system</p>	<u>C</u>	<p>Paragraph now reads:</p> <p>The MECA makes a final medical eligibility determination within 30 days of receipt of the completed IPE that utilizes the current approved diagnostic system. A written decision is mailed to the applicant and/or their legal representative by the UMC.</p>	
516	10/30/15	<p>513.2 Provider Enrollment and Responsibilities</p> <p>BMS needs to update the 1st sub-bullet under the 15th bullet to remove (Service Coordination provider agencies only)</p>	<u>C</u>	<p>513.2 Provider Enrollment and Responsibilities</p> <p>15th Bullet now reads:</p> <ul style="list-style-type: none"> • Provide an assigned agency IDDW Contact Person whose duties 	

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				include: <ul style="list-style-type: none"> ○ Review of Home and Day Services visits to assure compliance with Waiver policy; ○ Oversight of agency staff implementing the IPPs of all persons in the IDDW Program; and ○ Communicating with BMS and the UMC. 	
517	10/30/15	513.2.3.3 IDDW Provider Reviews Day Program Second Paragraph need to correct 'day program visits' to 'day service visits'	<u>C</u>	Sentence now reads: The UMC performs on-site and desk documentation provider reviews, staff interviews, telephone satisfaction surveys with persons who receive services/legal representatives, and day service visits to validate certification documentation and address	

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				CMS quality assurance standards.	
518	10/30/15	513.2.3.6 Self-Reviews Last paragraph need to correct 'on alternate years' to 'on a defined cycle'	<u>C</u>	Sentence now reads: The reporting periods will be based on the quarter during which the provider's on-site review takes place on a defined cycle and will be communicated to providers via email.	
519	10/30/15	513.2.3.7 Utilization Guidelines for IDDW First paragraph need to correct 'appropriate services' to 'authorized services'	<u>C</u>	Sentence now reads: Each agency must put into place a set of Utilization Guidelines (UG) to ensure that each person who receives IDDW services receives the authorized services and supports at the right time, in the right amount, and for as long as the services are needed.	
520	10/30/15	513.3.1.1 Behavior Support Professional I (BSP I) Agency Staff Qualifications Need to add additional qualification	<u>C</u>	Added additional bullet which reads: Agency staff employed as	

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				Therapeutic Consultants prior to 12/1/15 with a degree in a non-human service field, one year professional experience in the I/DD field, completion of the WV APBS facilitated three hour Overview of Positive Behavior Support or the WVUCED Positive Behavior Support Direct Care Overview and the completion of an approved WV APBS curriculum.	
521	10/30/15	513.3.12 Service Coordination Agency Staff Qualifications Last bullet need to correct 'October 1, 2011' to 'December 1, 2015.'	<u>C</u>	Bullet now reads:	
522	10/30/15	513.4 Reporting Requirements 3 rd paragraph need to add the following language to the opening sentence:for anyone the agency provides services to.	<u>C</u>	Sentence now reads: IDDW providers must utilize the West Virginia Incident Management System to track the types of incidents listed below for anyone the agency provides services to.	
523	10/30/15	513.5 Documentation and Record	<u>C</u>	Bullet now reads:	

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		Retention Requirements, Specific Requirements First bullet need to remove “who provides Service Coordination services”		Each IDDW provider is required to maintain all required IDDW documentation on behalf of the State of West Virginia and for state and federal monitors.	
524	10/30/15	513.6.1.1 Initial Eligibility Determination Process Need to correct the 9 th paragraph first sentence: The second medical evaluation is completed within 60 days by a different member of the IPN at the expense of BMS.	<u>C</u>	Sentence now reads: If a second medical evaluation is requested, then it must be completed within 60 days by a different member of the IPN at the expense of BMS.	
525	10/30/15	513.7.2 Annual Re-determination of Financial Eligibility Need to remove from first paragraph: ‘except for Supplemental Security Income (SSI) recipients,	<u>C</u>	Sentence now reads: All persons utilizing IDDW services persons must have financial eligibility re-determined annually by their local or county DHHR.	
526	10/30/15	513.8 Individual Program Plan (IPP) Need to add additional information under first set of bullets under Individual Service Plan, bullet for IDDW Services.	<u>C</u>	Bullet now has an * and the following information has been added after the All components in the WV-BMS-IDD-05 section.	

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				<p>* IDDW services must be purchased in the following order so that the health and safety of the person receiving services is ensured:</p> <ul style="list-style-type: none"> • Direct Care Services must be purchased first in the following order if the IDT wishes to purchase any of these services: Person-Centered Support Services, Day Services, Electronic Monitoring, LPN Services, and Respite Services. • Professional Services may be purchased next in the following order if the IDT wishes to purchase any of these services: Service Coordination, RN, BSP, any of the specialty therapies (ST, PT, OT, and DT), Transportation. 	
527	10/30/15	513.8 Individual Program Plan (IPP)	<u>C</u>	Bullet now reads:	

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		Under ‘All components in the WV-BMS-IDD-05’ bullets. Need to add ‘when available’ to the last bullet: Individual Spending Plan if person receiving services is self-directing any of the Participant-Directed Services available.		Individual Spending Plan (when available) if a person receiving services is self-directing any of the Participant-Directed Services.	
528	10/30/15	<p>513.8.1 The Interdisciplinary Team (IDT)</p> <p>Need to add to the opening paragraph after the first sentence the following:</p> <p>The IDT must make every effort to purchase IDDW services with the individualized assessed budget. The IDT must consider all supports available, both paid and unpaid, both IDDW waiver and non-IDDW. In circumstances when individuals wish to live in 24-hour supported settings (ISS and GH), the individualized budget must be considered before signing leases, renting apartments, living in family-owned homes or homes left in trust to the person. The person and the legal representative may want the person to live in a certain setting or even live alone, but if the individualized assessed budget does not provide enough</p>	<u>C</u>	<p>Additional sentence added to opening paragraph after the first sentence:</p> <p>The IDT must make every effort to purchase IDDW services with the individualized assessed budget. The IDT must consider all supports available, both paid and unpaid, both IDDW waiver and non-IDDW. In circumstances when individuals wish to live in 24-hour supported settings (ISS and GH), the individualized budget must be considered before signing leases, renting apartments, living in family-owned homes or homes left in trust to the person. The person</p>	

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		supports for these settings, then the person or the legal representative need to look at alternatives – roommates, more natural support, supplemental funding from family or trusts, etc.		and the legal representative may want the person to live in a certain setting or even live alone, but if the individualized assessed budget does not provide enough supports for these settings, then the person or the legal representative need to look at alternatives – roommates, more natural support, supplemental funding from family or trusts, etc.	
529	10/30/15	513.9.1 Traditional Service Option Need to remove the following sentence from the third paragraph: Since not all services mentioned may be participant-directed, the full array of services is available to those who choose the Participant-Directed Service Option via the Traditional Service Option.	<u>C</u>	Sentence deleted	
530	10/30/15	513.9.1 Traditional Service Option Need to update first paragraph after bullets to add this language to the end of the first sentence: ...that can be purchased within	<u>C</u>	Sentence now reads: When a person who receives services accesses all services via the Traditional Service	

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		the assessed budget.		Option, the assessed budget is utilized to access services that can be purchased within the assessed budget.	
531	10/30/15	513.9.1 Traditional Service Option Need to update third paragraph after bullets to add this language in the sentence: ...that may be purchased...within the individualized budget,...	<u>C</u>	Sentence now reads: Once the team determines the array of services that may be purchased within the individualized budget, the Service Coordinator documents on the IPP (WV-BMS-IDD-5) and requests the units agreed upon in the UMC web portal.	
532	10/30/15	513.10.2 BSP I and II, IPP (Traditional Option) Under Site of Service need to add a licensed IDDW provider agency office	<u>C</u>	Added to Site of Service: a licensed IDDW provider agency office and added licensed in front of pre-vocational center and crisis sites	
533	10/30/15	513.17.1.2 Family PCS (Personal Options Model) Under Limitations and Caps, the 11 th bullet need to remove the last sentence does not	<u>C</u>	Sentence Removed	

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		belong here: The IDT must make every effort to meet the assessed needs as identified on the annual functional assessment, of the person who receives services through natural supports.			
534	10/30/15	513.17.2 Home-Based Agency PCS (Traditional Option) Under Sites of Service last sentence need to change Direct Support Professional's home to Home-Based PCS worker's home.	<u>C</u>	Sentence has been updated to reflect Home-Based PCS worker's home	
535	10/30/15	513.17.3 Licensed Group Home Person-Centered Support (Traditional Option) Need to add the following after the first sentence: This service is limited to not more than four individuals per setting. IDDW providers who currently serve more than four individuals per setting must submit a transition plan to BMS for approval by June 30, 2016. This transition plan must include timelines for transitioning the setting to four or less people before March 2019. BMS will consider the plan and approve it if it is feasible to complete the transition in a timely manner that is reasonable and	<u>C</u>	Sentence has been added	

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		appropriate for the people involved.			
536	10/30/15	<p>513.18.1.1 In-Home Respite (Traditional Option)</p> <p>Need to add the following bullet under Limitations and Caps:</p> <p>The primary caregiver may not provide Respite for any other person receiving services at the same time that the person the primary caregiver is responsible for is also receiving services. For example: Primary Caregiver A is responsible for Person B. Primary Caregiver C is responsible for Person D. Primary Caregiver A cannot provider respite to Person D while Primary Caregiver C provides respite for Person B.</p>	<u>C</u>	Bullet has been added	
537	10/30/15	<p>513.18.1.2 In-Home Respite (Personal Options Model)</p> <p>Need to add the following bullet under Limitations and Caps:</p> <p>The primary caregiver may not provide Respite for any other person receiving services at the same time that the person</p>	<u>C</u>	Bullet has been added	

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		the primary caregiver is responsible for is also receiving services. For example: Primary Caregiver A is responsible for Person B. Primary Caregiver C is responsible for Person D. Primary Caregiver A cannot provider respite to Person D while Primary Caregiver C provides respite for Person B.			
538	10/30/15	<p>513.18.2.1 Out-of-Home Respite (Traditional Option)</p> <p>Need to add the following bullet under Limitations and Caps:</p> <p>The primary caregiver may not provide Respite for any other person receiving services at the same time that the person the primary caregiver is responsible for is also receiving services. For example: Primary Caregiver A is responsible for Person B. Primary Caregiver C is responsible for Person D. Primary Caregiver A cannot provider respite to Person D while Primary Caregiver C provides respite for Person B.</p>	<u>C</u>	Bullet has been added	
539	10/30/15	513.18.2.2 Out-of-Home Respite (Personal Options Model)	<u>C</u>	Bullet has been added	

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		<p>Need to add the following bullet under Limitations and Caps:</p> <p>The primary caregiver may not provide Respite for any other person receiving services at the same time that the person the primary caregiver is responsible for is also receiving services. For example: Primary Caregiver A is responsible for Person B. Primary Caregiver C is responsible for Person D. Primary Caregiver A cannot provider respite to Person D while Primary Caregiver C provides respite for Person B.</p>			
540	10/30/15	<p>513.19.1 Service Coordination (Traditional Option)</p> <p>Need to add after the second paragraph the following two paragraphs:</p> <p>The Service Coordinator must inform the person or their legal representative of all licensed IDDW agency providers who serve the region where the person resides. This is to ensure the person, or their legal representative, have a free choice of providers.</p>	<u>C</u>	The two paragraphs have been added	

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		<p>A Service Coordinator representing the person and being affiliated with a provider agency is not by itself a conflict. However, if a Service Coordinator affiliated with a provider agency takes action on behalf of the person they represent to obtain services for the person from the company(s) with which the Service Coordinator is affiliated, or influences the Freedom of Choice of the person by steering them towards receiving services from the company(s) with which the Service Coordinator is affiliated, then a conflict of interest occurs. Service Coordinators must always ensure any affiliation with a provider agency does not influence their actions with regard to seeking services for the person they represent. Failure to abide by this Conflict of Interest policy will result in the loss of provider IDD/W certification for the provider involved in the conflict of interest for a period of one year and all current people being served by the suspended provider will be transferred to other Service Coordination agencies.</p>			

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		Additionally, any Service Coordinator who takes improper action as described above will be referred to their professional licensing board for a potential violation of ethics. (BMS notes that whether any action is taken would be within the sole discretion of the particular licensing board and depend upon its specific ethical rules). Reports of failure to abide by this Conflict of Interest policy will be investigated by the UMC and the results of this investigation will be reported to BMS for review and possible action.			
541	10/30/15	513.19.1 Service Coordination (Traditional Option) Delete the 2 nd bullet as it is repetitive: Verify financial eligibility during monthly home visits.	<u>C</u>	Bullet has been deleted	
542	10/30/15	513.21.1 Transportation Miles (Traditional Option) Under documentation need to remove the last bullet: Beginning and ending odometer reading	<u>C</u>	Bullet has been deleted	
543	10/30/15	513.21.2 Transportation Miles (Participant-	<u>C</u>	Bullet has been deleted	

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		Directed Option, Personal Options Model) Under documentation need to remove the last bullet: Beginning and ending odometer reading			
544	10/30/15	513.21.3 Transportation Trips (Traditional Option) Need to update opening sentence to read: Transportation services are provided to the IDDW person in the IDDW provider agency's owned or leased mini-van or mini-bus....	<u>C</u>	Sentence has been updated	
545	10/30/15	513.6.4 Slot Allocation Referral and Selection Process Need to update the third paragraph to state 'direct care' services. The enrollee must access IDDW services within 180 days when the funded slot becomes available or the enrollee will be discharged from the program.	<u>C</u>	Sentence has been updated to read: The enrollee must access IDDW direct care services within 180 days when the funded slot becomes available or the enrollee will be discharged from the program.	
546	10/30/15	Need to Add to Glossary and Define the term Home and Community Based Services (HCBS)	<u>C</u>	Term added to Glossary: Home and Community Based Services (HCBS):	

Comments for Chapter 513 IDDW

Effective Date December 1, 2015

<u>Comment Number</u>	<u>Date Comment Received</u>	<u>Comment</u>	<u>Status Result</u> <u>C = Change</u> <u>NC = No Change</u> <u>D = Duplicate</u>	<u>Action for Change Status</u>	<u>Reasoning for No Change Status and FAQs</u>
				Services which enable individuals to remain in the community setting rather than being admitted to an institution.	
547	10/30/15	Need to Add to Glossary and Define the term: Integrated Work Setting Site	<u>C</u>	Term added to Glossary: Integrated Work Setting Site: A site where an individual receiving IDDW Job Development or Supported Employment services are employed where not more than 75% of the people with the same job description are diagnosed with an intellectual or developmental disability.	