



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Medical Services

Bill J. Crouch
Cabinet Secretary

Cynthia E. Beane
Commissioner

TO: WV Traumatic Brain Injury Waiver (TBIW) Providers

FROM: Cynthia Beane, MSW, LCSW *CB*
Commissioner

DATE: March 13, 2020

SUBJECT: Coronavirus Disease (COVID-19) Precautions

Due to the World Health Organization declaring Coronavirus disease (COVID-19) a pandemic, the West Virginia Bureau for Medical Services (BMS) is allowing for the following preventative measures in the TBIW program. These measures go into effect immediately and will remain in place through May 31, 2020. Working closely with the Centers for Medicare and Medicaid (CMS), BMS will monitor the impact of the pandemic and notify providers and members of additional precautions or extensions.

Staff Training: CPR and First Aid training can be obtained through on-line vendors. During this emergency period, the skills demonstrations will not have to be completed face-to-face with an instructor. Other required trainings may also be conducted electronically (on-line, Skype, Zoom, etc.)

Member Eligibility Assessments: Initial and annual medical eligibility assessments will be conducted electronically or by phone with the member, legal representative (if applicable) and others as required. If the assessment is conducted electronically (Skype, Zoom, etc.) it must be through a secure network. If it is not possible to conduct an active member's assessment using these means, the Case Manager may request to postpone the assessment. Kepro will work with the Case Manager to extend the member's existing services for up to three months past the expiration of the member's current eligibility period.

Provider Retrospective and Validation Reviews: Kepro will conduct agency quality reviews remotely rather than sending the Provider Educators to the agencies.

Member Service Planning: Annual and six-month planning meetings may be held electronically or by phone.

Routine Meetings: Quarterly provider meetings; Quality Improvement & Advisory Council (QIA) Meetings and related workgroup meetings; and Contract Management meetings will be conducted by phone or webinar.

Case Management Home Visits: Case Managers will not be required to meet face-to-face with members in their homes. Instead, they will be required to contact the member or legal representative by phone. It is especially important to review members' crisis plans to ensure they include specific steps to be taken if the paid staff or natural supports are unable to provide support. Case Managers should also determine if members have adequate supplies of food, medications and other necessities.

Personal Options Meetings: Members/legal representatives that choose to self-direct services will not be required to have a face-to-face enrollment meeting with the PPL Resource Consultant. Instead, the meeting will be conducted by phone and required forms will be signed electronically or sent through mail. Six month and annual meetings with the Resource Consultant will also be conducted by phone.

Supports for Hospitalized Members: Should a member be hospitalized due to COVID-19, the member may be authorized to receive Personal Attendant services as needed during the hospitalization. This is limited to members that have substantial communication or behavioral needs.

This is an ongoing situation and BMS will continue to make updates as information becomes available. The Centers for Disease Control and Prevention (CDC) guidance on workforce protections can be found on its website:

<https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>

CMS has also issued relevant guidance at the following link:

<https://www.cms.gov/files/document/qso-20-17-all.pdf>