Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

Number	Date Received	Comment	Status Result
1	9/15/2020 – 10/15/2020	11 ADW members called expressing that they want to keep the same agency provider for both PA and CM services.	NO CHANGE -Conflict Free Case Management (CFCM) is a Federal Requirement and cannot be waived and must be implemented.
2	9/15/2020 – 10/15/2020	29 ADW members and/or their representatives sent letters or emails expressing that they want to keep the same agency provider for both PA and CM services.	NO CHANGE -Conflict Free Case Management (CFCM) is a Federal Requirement and cannot be waived and must be implemented.
3	9/15/2020 – 10/15/2020	5 ADW members and /or their representatives called stating they do not feel monthly case management visits are necessary.	CHANGE – Required visits will change to quarterly and fee will change to $90/month.
4	9/15/2020 – 10/15/2020	56 ADW members and/or their representatives sent letters or emails stating they do not feel monthly case management visits are necessary.	CHANGE – Required visits will change to quarterly and fee will change to $90/month.
5	9/15/2020 – 10/15/2020	15 ADW members and/or their representatives or workers sent letters or emails indicating they did not want any changes without indicating any specific changes listed.	NO CHANGE – No comments directed to any specific change.

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

6	9/16/2020	Could possibly eliminate a social worker brought in through DHHR with years of service while allowing a new college graduate with no social work experience to become a case manager. #4 Are there going to be mandates or supervision of PPL? Some agencies won't accept PO cases due to issues with obtaining documentation/no access to CareConnection® and poor oversight of caregivers. If those clients' person- centered service plans have to be overseen by a CM, that reduces the pool of CMAs they can choose from and explains why PPL was trying to convince me they "can" work with any agency. Is the caseload size going to be reduced? At the current size of caseloads, particularly with the understanding that during times of turnover the case load size may be exceeded for short periods, it would not be physically possible to visit everyone on your caseload. That is also going to encourage agencies not to take on clients who live in more rural and harder to reach areas.	NO CHANGE- All applicants meeting old and new criteria will be given equal consideration. NO CHANGE-The amended application is requiring all Public Partnerships, LLC (PPL) members have a Case Manager (CM). KEPRO currently working on updates to CareConnection® so all agencies can access. NO CHANGE - The case load limits have been removed in the new application. Bureau for Medical Services (BMS) will monitor the size of caseloads through retro reviews and advise the agency to decrease if it appears the caseloads are too large to handle the workload.
7	9/17/2020	We are writing in objection to the proposal for case managers to complete monthly home visits as this is not helping but only going to affect negatively the service that his now being provided. We strive to provide the best service to each client possible and by spending every day of the month out on the road it would leave no time to make the necessary contacts to fill the client's needs. I really don't believe you are fully aware of the responsibilities that a case manager is providing. They are not only making the monthly contact but assisting with needs in and out of the home. Completing all documents necessary to stay on the ADW program	CHANGE – Required visits will change to quarterly and fee will change to $90/month.

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

		such as MNER's, financials, contacting and turning in documents at the DHHR, contacting and completing documents for DME, dentures, eye glasses, wheelchair ramps, home modifications, food banks and many more. Linking and referring to all programs and completing transfers to a different agency. Also, cm are responsible for checking and uploading cm documents as well as PA RN documents. This is just an example of a few things that cm complete. The client has the security knowing that if they have an immediate need we are readily available to meet that need. Monthly home visits would decrease that ability to reach the cm and also would affect response time. Some things cannot wait but need immediate attention. Also. most of the clients spoken with do not prefer a monthly home visit because they feel it is intrusive and would not benefit their care. After all it states in the cm training and manual that this program is "Person Centered Focus" and should be the client's choice and not forced on them. Our clients have the understanding that if they feel it is necessary for us to come to their home for a face to face we are there. Also, if we feel it is necessary to make a face to face visit we do so especially if we can't reach them on the phone. Have you also thought about the increase in risk to the client by making a monthly home visit? During the flu season and the added challenge of COVID-19 PANDEMIC 19 this is only going to contribute to more unnecessary sickness. The participants on this program are not in the best of health so the added risks could have serious ramifications that could be catastrophic. Now the financial aspect is also a factor for the case management agency. Yes, we are aware that you stated their would be a raise in affect but how can this be cost effective for the State of WV. As of a few years ago the monthly home visits were stopped for the PA RN's due to the cost for the state. Now you are proposing to increase the expenses to the state and the agencies to meet what goal exactly? A	NO CHANGE – Visits will not begin until it is determined safe due to Covid-19 pandemic. Face to face visits are currently not required. NO CHANGE – Visits were suggested to ensure health and safety of member per CMS requirements.

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

		case manager visit will not stop a fall or can it make a client choose to live any different than they choose to do. We are guest in their home and not their authority. Also we are not nurses and besides that this program does not allow for skilled nursing. So many of the clients that have multiple falls and informal support in place that cannot decrease the falls. So how is a case manager going to make a difference with a monthly visit? The fall could occur anytime. If you want less fall risks than put the extra funding towards wheelchair ramps, lift chairs, glasses and home modifications, etc. that would better assure less falls. Even with the rate increase, would it be feasible to hire the additional office staff, case managers and travel expenses for an agency to survive? Stand alone case management agencies to do not historically receive near the income that a PA agency receives to shoulder the extra expenses that this would impose. There would be more business opportunities lost in the state of WV due to this. We are asking that you leave case management as is and use this funding to provide needs to the clients and to create placement for those on the waiting list.	
8	9/17/2020	I am a Case Manager for an ADW provider agency. I am responding to recent ADW Amendment application. While I know that the Conflict Free Case Management requirements will be implemented, as an advocate for vulnerable individuals it would be remiss of me not to express my concerns for this implementation in regards to established ADW members. Conflict Free Case Management has been discussed by Kepro nurses during the annual PAS with members that I currently serve. I have received frantic phone calls asking what the Kepro nurse meant by informing them that they will no longer be able to obtain services by the same agencies- the agencies they CHOSE to work with. This is not only upsetting to them but they feel their right to choose has been taken away. Another issue is that the majority of elderly people do not like change.	NO CHANGE -CFCM is a Federal Requirement and cannot be waived and must be implemented. NO CHANGE – BMS has asked Centers for Medicare and Medicaid (CMS) for a waiver for existing members and was told no.

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

		Forcing them to choose another agency for case management or nursing is forcing them to choose between two people they have bonded with and additionally forcing them to change by accepting a stranger into their life. Accepting assistance is hard for the elderly to do because it is accepting that they are not who they used to be and not able to do the things they were once able to do for themselves. This change can be psychologically damaging to members.	
		I have had a BSW and LSW since 2004. My social work background for 16 years is working with the geriatric population and the mentally and physically disabled population. It is my belief these populations are the most challenged and the most overlooked. The last two years of my education in the social work program concentrated on understanding of how to provide support for people who have been socially excluded whether by age, cultural barriers, mental health issues, socioeconomic disadvantage, or organizational challenges. My social work education taught me how to assist people who are experiencing crisis. My entire senior year was spent completing practicum hours shadowing a social worker. Every two years my LSW has to be renewed. The renewal process is completed by having 40 hours of continuing education hours (CEUs). Twenty of those hours are to be completed by attending a WV Board of Social Work Certified or Individually Approved Provider-ten in person, ten online. One of the 40 hours has to be in social work ethics. Two of the 40 hours has to be in mental health conditions specific to veterans and family members of veterans. Having a BSW and an LSW makes a case manager well rounded. By allowing other human service field degree holders hired as ADW case managers is detrimental to ADW members. They will not have the mindset, education, experience, or contacts to serve ADW members appropriately and how they deserve to be served.	NO CHANGE – By allowing a 4 year Human Services Degree with completion of a required CFCM certification, it will open up the ability to attract more applicants for these difficult to fill positions.
		I cover Raleigh, Mercer, Wyoming, Summers, Monroe, and McDowell counties for an ADW provider. Due to the distance in between those counties and the office I work from, it takes all day to see 2 clients because of the amount of time it takes to go back and forth.	CHANGE – Required visits will change to quarterly and fee will change to $90/month.

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

		Monthly face to face visits members at current caseload numbers would not allow time for case managers to perform other job duties they are required to do for members. If case manager caseloads are cut then job security for case managers isn't there as well. In my opinion the case manager caseload cap should be removed and should not be cut By maintaining monthly phone calls and bi-annual visits our members will continue to receive appropriate services. I hope that all comments made to you are taken into consideration.	NO CHANGE – Application is removing current caseload limits to allow agency to assign caseloads per geographic location and need. BMS will monitor the size of caseloads through retro reviews and advise the agency to decrease if it appears the caseloads are too large to handle the workload.
9	9/17/2020	I am a social worker with an ADW agency and work out of the Oak Hill office. I wanted to take the time to respond to some of the changes mentioned in the draft manual. As a social worker one of the key aspects of providing care is a client's right to self-determination. Never have I understood this value more so than when I started working with the aged and disabled population. I have clients who I would love to effect change for, whether it be their living environment or with who they chose to allow in their lives. I have clients	NO CHANGE -CFCM is a Federal Requirement and cannot be waived and must be implemented.

		who would be better suited living in an apartment or closer to town but because they want to stay at the family homestead, they chose to live isolated. I have clients who have family members who steal from them to support their drug habits, but they refuse any suggestion to deal with that issue because of their love for that person. That is self-determination. We cannot force someone to go into long term care if they are competent to make the decision to stay home no matter how bad that decision is for their health. How can we go from allowing clients to have that level of self-determination and then tell them that they cannot choose what personal attendant and case management agencies they want to serve them? I have clients that have been very upset since being told about Conflict Free Case Management. Some clients have been with my agency for many years, we are all they know. Sometimes our homemakers, in-house service coordinators, and case managers are the only people they will talk to in a month. We become their lifeline to a world they can no longer navigate on their own. To be told that they are being forced to separate their support team is frightening to them. It's devastating on a level that we may not understand because we do not face the same challenges that the elderly and disabled face. I understand that this is a Federal regulation but feel that as a social worker, I could not comment on the other changes without advocating for my clients who are upset by this change. They do not want Conflict Free Case Management. They view it as something negative and something that is out of their control. To someone who has already lost their ability to care for themselves without help what little control they do have left is vital to their wellbeing.	
		Because of my background in social work I have to say that I am also concerned with the change that would allow case managers with no social work background and license. For my degree I took classes in the history of social welfare policy, poverty in America, social work organization, fundamentals of social work practice, human diversity, social work practice methods, and crisis intervention to name a few. That along with hours of practicum work to learn the field of social work specifically. I am	NO CHANGE – By allowing a 4-year Human Services Degree with completion of a required CFCM certification, it will open up the ability to attract more applicants for these difficult to fill positions.

		required to take continuing education classes so that I stay abreast of changing practices that effect level of care and client outcomes. Having a licensed social worker providing case management protects the client by assuring that those who are working this vulnerable population meet a standard of education, training, and experience. Social Workers also work by a code of ethics that govern our core values and sets a standard on how we deal with ethical issues. Licensed social workers are held to task when it comes to how they interact with their clients. We work by that code of ethics because we know that to do otherwise would not just result in a loss of employment but a loss in licensure. Any infraction or disciplinary action is a part of public record and would hinder future employment. You are not going to get the same level of case management from someone with a BA or BS in a human service field as you would from someone with a degree in social work and licensed by the State. Another issue that I have with the draft manual is the monthly face to face visitation with clients. I'll start with the current climate we are all living in…COVID-19. I work some of the counties with the highest rate of infection right now. I understand that this wouldn't roll out until January and even then, that's subjective to what's happening with the virus, but it is worth mentioning. COVID-19 isn't going away, even with a possible vaccine on the horizon we must keep in mind that going from home to home will only expose ourselves and our clients to more instances of possible exposure. If COVID-19 is not an issue in January I still do not see how this can be done effectively. I have been a CPS worker twice in the past, they also have the mandate to see all their clients in a month and I can tell you from experience seeing everyone before the end of the month is next to impossible AND maintain paperwork. It all comes down to numbers, even with a decreased case load of 37-38 cases there will not be enough days in the month to do everything that is outlined as the case managers responsibilities. On average there are only about 20 to 21 work days in a month, then there are holidays and case managers needing time off for	CHANGE – Required visits will change to quarterly and fee will change to $90/month. NO CHANGE – Visits will not begin until it is determined safe due to Covid-19 pandemic. Face to face visits are currently not required.

		sick leave and personal time off. Even if we see 1-2 clients a day some of my clients live a good hour or more from the office, so by the time I go see them and return to the office the day is over. I would still have a caseload of 37-38 people who I am responsible for. That's 37-38 people that I would be addressing service plan issues and concerns for. 37-38 people that would I be making service referrals for, people that will need annual MNERs completed, people that I facilitate medical equipment for, and that need help making medical appointments. I sometimes take food, clothing, and home essentials to clients who are in need. There would not be enough time in the day for everything that is needed. The financial burden placed on the Case Management Agency is also something that cannot be overlooked. With no mileage reimbursement, the current reimbursement rate for case management, and a decreased caseload I do not see how companies will be able to continue to offer case management. With fewer agencies offering case management our clients are going to have fewer choices when it comes time to pick agencies. I understand the need to see clients more than just twice a year. There has to be some sort of compromise where this is concerned. Maybe a screening tool that can be used on the monthly call that would trigger a home visit would be a better option. I'd like to thank you for taking the time to read over my concerns. I'm sure that you are fielding a lot of responses over these changes. In the end we all want the same thing, the best possible outcome for our clients.	
10	9/17/2020	I would like to comment on the Amendment proposed to the WV Aged and Disabled Waiver Program. Proposed Amendment number 5, states that there will be an added requirement of monthly face to face visits with participants. As a current ADW case manager, I feel that it will be totally IMPOSSIBLE to complete monthly home visits with my current caseload. In addition to my current caseload, I work on referrals each month go get individuals onto the ADW program. Even if my caseload was cut in half, it	CHANGE – Required visits will change to quarterly and fee will change to $90/month.

		would be extremely difficult to make monthly home visits with my clients, and also to complete the required paperwork. In addition to paperwork for current and in process referral clients, there is a lot of work that goes into obtaining needed items and/or resources for those participants on the program. Thank You for the Opportunity to Comment on the Amendment	
11	9/17/2020	As a Case Manager RN that has been involved with ADW since 1998, I strongly suggest that the case manager face to face visit every other month with a call on the other months would be sufficient to assay services, problems, etc. This is what we did 20 years ago and with over 80 cases back then doing 40 visits per month is about all you can expect with the mileage in our rural county that could add up to 150 miles or more in a day. It can take almost an hour to get to some of our participants so say almost 3 hours for a visit would be needed at times. We(back then it was the case manager and the nurse consultant together) would do sections of the county so we could see up to 4 to 6 members in a day. some days are needed in the office for paperwork as well. Now however with the new CFCM rules it will not just be our county's size as CM's will be traveling to surrounding counties making the mileage and time on the road even more	CHANGE – Required visits will change to quarterly and fee will change to $90/month.
12	9/18/2020	3. Added to the criteria of a case manager to include a 4 year degree in a human service field with certification from the on-line case management training developed by the Bureau for Medical Services – It is a matter of experience. A degree does not get you ready to be a Case Manager. With that being said, what will happen to the Case Managers that do not have a 4 year degree in a human resources field. I do think that the on-line case management training is an excellent idea.	NO CHANGE - Currently CMs need to be Licensed Professional Counselors (LPC), Licensed Social Workers (LSW), or Registered Nurses (RN). There should not be any other accepted credentials. This change would just allow the program to expand the number of eligible people to become CMs. Agencies report

			difficulty finding licensed SWs, LPCs, and RNs.
		5. Added requirement of a monthly Face to Face home visit by the Case Manager with the member to assure health and safety- With each agency being structured differently i.e. some case managers have many functions at the office. It will not be feasible for the Case Manager to see 65 plus clients monthly, perform 6 month and yearly assessments . It will drive up the mileage re imbursement as well. How will Face to Face home visits effect the client? The Appalachian people are very private people. A lot of the clients are going through enough change by letting people come in their home and provide Personal Attendant (PA)services. They are given several choices to select a Case Manager, but not a choice on whether their Case Manager visits monthly or not? Where is the freedom in that. I have given this change much thought and there isn't anything that would change if I was seeing the person, instead of calling them. The PA is our eyes and ears. They do well communicating to me any problems and I have done several face to face visits if I expect the PA isn't doing their job, or there may be other issues. Lastly, we will be taken away from the office and cannot provide the support to obtain DME, Home Health, Hospice, applications for Meals On Wheels etc. .	CHANGE – Required visits will change to quarterly and fee will change to $90/month. NO CHANGE- The case load limits have been removed from the application. BMS will monitor the size of caseloads through retro reviews and advise the agency to decrease if it appears the caseloads are too large to handle the workload.

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

13	9/18/2020	I have serious concerns after reading the proposed new manual for the ADW Program. I have 28 years experience as a Case Manager and have been involved in numerous changes to the ADW Program. With every change of the ADW manual, Case Management has taken on more and more responsibility and mandated paperwork. Most all Case Managers at this time carry between 60-75 Participants. For a CM to do monthly home visits and still keep up with all the mandated paperwork, phone calls, coordination of care and coordination with community resources- this will be impossible. A lot of Case Management's time is spent on the phone , therefore there has to be sufficient time allotted to be in the office to complete tasks, do necessary follow up, answer phone calls etc. In order for a CM to do monthly home visits, their case loads would need to be cut to somewhere between 35-40 Participants depending on the geographic area. Since a large number of our Participants live in rural area's. it can take a CM 1-2 hrs to get to their visit. Besides hiring additional CM's to manage the case loads and provide safe efficient care, you have to look at the large increase each CMA will incur in mileage-6 times what we are paying now. Even with the increase in reimbursement, this will not cover the additional staff and mileage that will be needed to meet this monthly mandate. With that being said, I know from my own experience that it will be impossible to do 60-75 visits a month and maintain the necessary responsibilities of case management. I feel the more reasonable solution would be to do home visits a minimum of every 3months and more often if needed with that left to the discretion of the Case Manager. Please give serious thought before you make changes that cannot be maintained and will greatly impact the overall care of our Participants.	CHANGE – Required visits will change to quarterly and fee will change to $90/month. NO CHANGE -Case load limits are being removed in this application. BMS will monitor the size of caseloads through retro reviews and advise the agency to decrease if it appears the caseloads are too large to handle the workload.

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

14	9/18/2020	After reviewing the Waiver application, I want to strongly disagree with the idea of having case managers do monthly home visits. This may be quite impossible for most. I don't think you understand the difficult access to RN and CM to even hire let alone if we need to hire more to complete this task. Most of the members already despise the monthly phone calls and it takes us all month to get ahold of some. If anything, I swear I thought we should do calls every other month or every 3 months; never would I have guessed you proposing monthly home visits. This will upset most members and the case managers. Another thing, why does the case manager have to be a social worker or RN and then reiterate their experience to 4yr degree in human svc field with BA or BS? I don't know why the credentials have to be so professional, why can't it be a LPN? The RN's or CM are not providing anything medical, it is an organizational requirement, heck my secretary can do this job. I recently lost my PA/HM nurse and was really stressing trying to find a replacement, this was way more difficult then you could imagine in my area. Please reconsider your ideas for CM as they will put a major hardship on agencies who actually don't shut down and members who are completely annoyed and feel harassed by the frequency to ask the same questions and check in on them.	CHANGE – Required visits will change to quarterly and fee will change to $90/month. NO CHANGE - This amendment is adding a 4-year Human Services degree and completion of the BMS CM certification training to the list of eligible individuals to be a CM.
15	9/18/2020	I realize face to face monthly contacts would be best but in parts of West Virginia it is not doable. Participants live in far-reaching areas and are not clustered together as in larger cities. I know eyes on gives you a better idea of how someone is and of their well-being but when the caseload is 75 cases I don't personally see how it would be possible. I feel there has to be another option. I like doing home	CHANGE – Required visits will change to quarterly and fee will change to $90/month. NO CHANGE -Case load limits are being removed in this application. BMS will monitor the size of caseloads through retro

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

		visits but I also feel if you truly talk with your participants and build a rapport then they will discuss issues with you. This is simply my thoughts.	reviews and advise the agency to decrease if it appears the caseloads are too large to handle the workload.
16	9/21/2020	In review of the Aged and Disabled Draft policy, I am very concerned for our members, our Case Managers, and our Nurses. I feel this policy is a disservice to all of us. I have been a Case Manager with the Aged and Disabled Waiver program for 27 years. I have worked for the same agency the entire time. I have conducted myself in a professional, caring, and fair manner. I believe in advocating for my members and working professionally with other case managers and nurses. I do not solicit, and I have a good working relationship with other "Competitor" case managers and several other Personal Attendant Agencies. The Conflict Free Case Management Policy is a puzzle to me. Members who we service are very upset by this and do not understand it. They feel they have to choose between their Case Manager and their personal attendant. Aged and Disabled Waiver has always targeted themselves as freedom of choice, but with this proposed policy, members do not feel they have freedom of choice anymore. As unfair as I feel Conflict Free Case Management may be, the most concerning of these changes is the required monthly face to face contacts. As a case manager this is an impossible task. Right now, the caseload limit is 75 members. With the proposed policy there is not a caseload limit. How can a case manager make 75 visits in a month? Have you seen our geographical areas? Some members are 1.5	NO CHANGE -CFCM is a Federal Requirement and cannot be waived and must be implemented. CHANGE – Required visits will change to quarterly and fee will change to $90/month. NO CHANGE - The case load limits have been removed in the application. BMS will monitor the

		hours away. There are approximately 23 works days in a month plus take out holidays, annual leave and sick leave. How can we make 75 visits per month plus continue our other "required" duties such as: implementing the service plans, make necessary changes to the service plans (Do you know how many times members change their hours?), implementing the MNER and tracking to have ready for 90 day submit (Do you know how many calls and multiple faxes to doctor office it takes to get one simple MNER?), ensure financial eligibility, and network all member services (referrals for Home Health, Physical Therapy, DME, incontinency supplies, etc. - these are not just one phone call). I feel this would be a disservice to the members. We would be making a 15-30-minute home visit for each member each month plus the time lost while traveling to each of these visits. When would we have office time to do any follow-up? Yet according to the new proposed policy: "Case Managers are the front-line responsibility for the health and safety of our members on ADW". How can we ensure health and safety when we are trying to schedule around the member's doctor appointments, their personal activities and when their personal attendant is in the home? Some members do not want us there when the personal attendant is there as they feel it takes away from their service time, especially those that only get 2-3 hours per day. Some of our homes are in very rural areas. Trying to get there each month especially in winter months is time consuming and sometimes dangerous. Some of these remote locations will be almost impossible. What is your solution? Lower caseloads? What would be a doable Case Load: 25-35? What case management agency could afford to pay a case manager for this low of a caseload? What about the BIG question: COVID-19? How safe is it to require face to face monthly visits for case managers when for the last 6 months it is suggested not to make home visits for the safety and well-being of	size of caseloads through retro reviews and advise the agency to decrease if it appears the caseloads are too large to handle the workload. NO CHANGE – Visits will not begin until it is determined safe due to Covid-19 pandemic. Face

		everyone. From March to December of 2020, we were encouraged to use teleconferencing and make no home visits. However, come January 2021, Case Managers are required to make MONTHLY home visits, but RN's will only be required to make two home visits per year. Is this fair or even safe for case managers and members given the numbers for COVID-19 continue to go up every day? Another concern is Case Mangers being given the sole responsibility for the Service Plan. Does the PAL still exist? This was the completed jointly by the CM and RN. Is it fair to say the CM and RN will no longer work as a team to develop this together? The proposed policy states that the case manager will be responsible for member health care needs, routine health care, making doctor appointments, requesting increase in hours, and requesting additional mileage for non-emergency transport. We are not "medically trained professionals". What responsibility does the RN have? I read in the proposed policy that RNs are only responsible for making an assessment two times per year. Are we not short sighting the RNs of their medical profession to assess when a member has a health care need, if their medical condition requires more hours, if they need a medical specialist and/or if the member they service and the aide they supervise need over 300 miles per month? I pray that these changes are reconsidered for all members, Case Managers, and Nurses of the Aged and Disabled Wavier Program. I have advocated and worked with many in my 27 years and feel I have given my best. IF these changes are implemented, I have a fear that many Case Mangers will not take on these responsibilities and therefore many agencies will have to close. What a disservice to our elderly and disabled population.	to face visits are currently not required. NO CHANGE -Home visits are currently not required and will not be until determined safe due to COVID-19 pandemic. NO CHANGE – This is part of the requirement for CFCM. Nurses will still do their assessment, but CM will pull all the information together for the development of the SP. NO CHANGE – RNs will continue to monitor Personal Attendant (PA) activities and ADW member's health needs.

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

17	9/21/2020	I work as a Case Manager. Per your request I am sending all of my participant's a copy of the "Seeking Public Comments" information page as instructed. I personally reviewed the 187-page document on-line. It took me several hours to read and reread through this document. I found it to be overwhelming and some areas difficult to understand even with a knowledge of the subjects addressed. For example- Do I understand correctly, all individuals within the program can be provided with a life alert system at no cost and no monthly fee? Many of my clients do not have a computer and will no be able to access this information. Most are older with limited education and poor vision. To request in writing, will they have the document before the end of the comment period? If so, I do not feel they are going to be able to understand what is being addressed let alone read a 187-page document. I feel most will just give up and lay it aside. My recommendation, to summarize the content in simpler terms for the participant's understanding and ability to express any concerns they may relay for your consideration.	NO CHANGE – Yes if they request it. NO CHANGE - CM can review the amendments proposed with the member in terminology they can understand. I have done that with a few of the members who contacted me with questions. NO CHANGE – I contacted all members requesting a copy and reviewed the changes with them. NO CHANGE - The reason for amendments page 2 of application does that.
18	9/22/2020	Why does the nurse not have clock in? Us homemakers are going to made to clock in and out. The nurse comes to the home all the time and we know she lies about how long she is there because people see her in	NO CHANGE – Electronic Visit Verification (EVV) is a requirement for Personal

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

		stores and even one person has seen her at her home when she says she is visiting this member. Why is she treated better than we are? She gets paid a lot more so you would think she would have to put in some time at work and not get away with lies.	Attendants and Case Managers on 1/1/21. Other positions will be looked at as we move further into use of the product. You may want to consider reporting this worker to your agency Administration.
19	9/22/2020	I was writing about the changes to waiver program, I do not think it is a good idea for them to be coming into clients home every month. That could bring a lot of illnesses or god forbid COVID to the clients, personal assistants and the case managers. Most people on the waiver program are older and have a lot of health problems and would not be able to fight off COVID or other serious illnesses. Thank you for taking the time to read my email.	CHANGE – Required visits will change to quarterly and fee will change to $90/month. NO CHANGE – In person home visits are not required at this time and will not be until determined safe due to Covid-19 pandemic.
20	9/22/2020	I have been doing ADW case management for over 12 years, and have often thought that doing visits every 6 months may not be often enough. However, I feel that monthly face-to-face visits are excessive. There are some participants who would not tolerate monthly face-to-face visits, will they be considered non-compliant with the program? If the participant refuses a visit, will case management be able to bill that month, if a telephone contact has been made? Personally, I have often thought that Quarterly visits are a good compromise. Also, a generalized removal of case limits could cause issues in that the agency could require case managers to have an unlimited number of participants. I feel if there is going to be a change in case limits, there should be a defined number, to prevent unworkable case loads and further putting participants health and welfare in jeopardy.	CHANGE – Required visits will change to quarterly and fee will change to $90/month. NO CHANGE- Our goal was to allow the agencies to set limits on case loads based on geographic location and level of care needed by member served. BMS will monitor the size of caseloads through retro reviews and advise the agency to decrease if it

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

			appears the caseloads are too large to handle the workload.
		Furthermore, if monthly face-to-face contacts and the removal of case limits go into effect, will the reimbursement for case management services be increased to account for the increase in staff needed to provide all of the visits?	CHANGE –Since the visits will now be quarterly, the fee will change to $90/month from $174/month with monthly visits. Original fee was $80/month.
21	9/22/2020	In regard to the proposed monthly Case Management visits to participants: I have been a Case Manager for 8 years. West Virginia is a rural state with secondary roads in desperate need of repair, many of my participants live in hills and hollers. A trip to one home can take as long as 2 hours. Visits can be stressful to the elderly as their daily routine is disrupted. Most times my monthly phone contacts reveal that things are status quo. No needs, no requests and no complaints. If there is a problem, it is quickly addressed. I have a good relationship with my participants, they have my work cell phone number and they feel comfortable calling me if anything arises. I am concerned this new policy change would exhaust case management agencies, prove to overwhelm the participants and be an ineffective way to improve the program	CHANGE – Required visits will change to quarterly and fee will change to $90/month.
22	9/23/2020	Case Managers currently cover several counties. With the current set up a Case Management Agency and a Personal Attendant Agency are from the same office (although different names). Case Managers currently cover several counties, but with the current set up, most of a Case Manager's cases are within the hometown/county area.	CHANGE – Required visits will change to quarterly and fee will change to $90/month.

		With the 'change' (which is a done deal) where the Case Management Agency and Personal Attendant Agency cannot be out of the same office, the bulk of the Case Manager's cases are going to be in counties which are an hour to two hours of travel one way. With a 30-day month, 5 workdays a week; 4 weeks within a month: this is only 20 workdays. There is no way that a Case Manager can possibly do face to face visits with every Participant monthly. There is no allowance for time in a Case Manager's regular work and a Case Manager answer numerous phone calls where a Participant is anxious or upset about something and the Case Manager is the resource person for that Participant. If the Case Manager is out of the office, the Case Manager is not going to be available to cover all of these bases. And, no one wants to travel all day and then return to the office and put in extra hours at night or work on weekends. Also, the extra wear and tear on a Case Manager's vehicle is not being taken into consideration. Agencies do not reimburse the total amount of mileage to the Case Manager that the agency receives from the state, therefore, the mileage reimbursement is no incentive. Case Managers must take their vehicle to the car wash at least a couple times a week and there is certainly no reimbursement for that. The Personal Attendant is in the home daily. The PA is the eyes on daily. A Case Manager going into the home monthly is not going to make any change. Currently, if the PA sees a problem or issue, that PA reports it to their Service Coordinator or RN Supervisor; if it is something that the Case Manager needs to know or needs to take care of, the RN Supervisor notifies the Case Mgr. This all works. It is not cost efficient or efficient use of the Case Manager's time to send a Case Manager into a home monthly. Also, most of the Participants do not want additional people in their homes; the Participant feels secure with the PA and does not want other people	

		intruding. It is difficult to pen some Participants down for their 6 month & Annual meetings; they make excuses. I really don't know how a Case Manager would have the time to schedule these face to face meetings plus make the trip to the homes, return to the office and complete other Case Management duties. CONCLUSION: Case Managers should not be required to make monthly visits.	
23	9/23/2020	As a Case Manager, I have no issue with clocking in and out whenever I visit a Participant; I understand this is for billing purposes. However, I do have an issue with using my personal phone. As a Case Manager, I also travel to many homes which do not have cell service and in other cases, all Participants do not have land lines. Agencies also train Personal Attendants not to take their personal cell phones into the Participants' homes. One complaint from Participants that I hear over and over is that the PA brings her/his phone in and they stay on the phone. If employees are forced to use their own personal phones, this is a license with full permission to access their phone in the Participants' homes. With employees' phones in the Participants' homes, there is no guarantee that HIPAA will not be abused. CONCLUSION: EVV purpose is not an issue; mandatory use of my personal phone is an issue.	NO CHANGE – There may be an alternative available, such as the member's landline or a FOB (fixed object) in the member's home. NO CHANGE – Most EVV vendors have various options to for the worker to check in and out.
24	9/23/2020	Implementation of EVV. Very much in favor. Implementation of Conflict Free Case Management. Not in favor	NO CHANGE -CFCM is a Federal Requirement and cannot

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

		Added requirement for monthly face to face home visit by Case Management and member. In Favor Added service of a Personal Emergency Response System (PERS) unit. Very much in Favor	be waived and must be implemented.
25	9/24/2020	I was informed I could come to this page and state my opinion on the new plans of change for the ADW clients and caregivers working with those clients. I am AGAINST the change because often clients receiving in home care have appointments that they have to tend to and having to manage getting to those and visits every month is a lot for some of the elderly clients. From a worker's point of few I am still against the change because often we have clients we meet other staff members with if they weren't done with the client errands before their shift is over! Don't think of the extra money the state could make thing of the safety and the convenience for the clients!!!	CHANGE – Required visits will change to quarterly and fee will change to $90/month.
26	9/24/2020	We have concerns regarding proposed changes to the Aged Disabled Waiver Program. The most problematic change is the monthly home visit requirement. We currently provide case management to around 150 ADW participants with one full time and one part time case manager. There are not enough workdays in the month to do this. We have participants spread out in various counties, some of which live one and a half hours away from the office.	CHANGE – Required visits will change to quarterly and fee will change to $90/month. NO CHANGE – Caseload limits have been removed from application. BMS will monitor the size of caseloads through retro reviews and advise the agency to decrease if it appears the

			caseloads are too large to handle the workload.
		The referral process is also too tedious. It is impossible to get most financials completed in the 30-day time frame provided. Numerous home visits are required for this with no reimbursement for case management. This population cannot do a financial alone without help from a case manager and if monthly home visits are required for active cases then referrals will be impossible to get through the financial application. We hope these comments are reviewed and considered when finalizing your draft.	NO CHANGE – The referral process was not changed in the application however the process is always being tweaked and is currently being reviewed by a committee.
27	9/24/2020	I am writing in response to the proposed list of changes for the Medicaid Waiver program. In my almost 50 years as a social worker I have found the Aged & Disabled Waiver program to be the best service provided to the people in our state. It meets the needs & is available to most people who need the services. I will be retiring very soon & would like to make some comments that might benefit all those who are involved with this program. Despite the fact that this is an excellent program the agencies & people who oversee its implementation seem to be determined to "muddy it", diminish its effectiveness & make it excessively difficult to operate. This is so unnecessary. It not only makes it almost impossible for agencies to provide the needed services but also causes stress to people who are already sick, disabled and/or elderly at a time in their lives when they need to feel safe,	

		secure & in control of their situation. In addition, the state, it seems, has "waged war" on agencies & their staff who are attempting valiantly to meet the needs of their assigned Waiver Members. Instead of supporting those on the front line of the program the state's policies, procedures, requirements & proposed changes for the program seem to indicate that agency staff, particularly Case Managers, are unethical, committing fraudulent acts, manipulating people on the program & doing things that are "criminal" in nature. In direct contradiction to that I will say that during the 12 years that I have worked in this program I have found the majority of staff in my agency, & those with other companies, to be caring, kind, helpful, concerned, hard-working & conscientious individuals. Agency staff must take training on Conflict Free Case Management & the Person-Centered Approach to services yet the policies handed down by the state seem to be in direct conflict with both theories. Agency staff struggle, constantly, to follow the unnecessarily restrictive mandates & still meet the needs of their Members. For example, demanding that Members must choose different Case Management & Homemaker agencies takes away their right to choose the same agency for both, if that is what they want for their Waiver case. Also, insisting that Members always do bathing, dressing & grooming with the Homemaker takes away their right to choose how their personal care is done & is in direct conflict with the training (by Cece Brown) that says "we want people to be as independent as possible."	NO CHANGE - CFCM is not a state mandate, it is a Federal mandate. When a state applies to implement a Waiver program, they are bound to Federal guidelines since it is a federally funded program. NO CHANGE – This is the mission of the program, assisting individuals with their Activities of Daily Living (ADLs) so they can remain in the community. Participants must require a nursing home level of care. Essential errands and community outings are ancillary services.

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

		One particular change to the duties of Case Managers – the one that mandates a monthly home visit/safety check – is totally unreasonable, with regard to available time & would be impossible to do in light of all the other duties, responsibilities & mandates for those holding that position. Those proposing this change may not realize all of the things that Case Managers actually do to meet the needs of their Members. I have been told that federal mandates are prompting the proposed changes. I have worked at the state office for DHHR writing policy for programs; developing licensing regulations for adult group homes & personal care homes; lobbying the legislature for changes to laws & approval of regulations; implementing new programs & doing training on all aspects of the programs I managed so I know that federal mandates must be followed. However, I also know that states can choose the way these mandates are met. Creativity is required to meet mandates while still meeting the needs of those receiving services & supporting the agencies who are implementing the program. As far as agencies being required to provide every Member they serve with an emergency response system in their homes is ludicrous. Instead the state should work with Medicaid, Medicare & the legislature (through Community Based Services) to pay for this much needed service. This is done in other states but not in WV. Making this a requirement would be disastrous for many smaller agencies who provide Waiver services & they	CHANGE – Required visits will change to quarterly and fee will change to $90/month. NO CHANGE – Monthly visits are not a Federal mandate; this was only a suggestion to ensure health and welfare of those served. CFCM and EVV are Federal Mandates. NO CHANGE – CFCM stakeholder groups were conducted for provider agency input on the implementation of CFCM. NO CHANGE – Only members who would like the Personal Emergency Response System (PERS) unit will be authorized for that service. The agency will be reimbursed by Medicaid to provide this service.

		would most likely have to close their doors due to the major expense involved, if this is mandated. I will conclude by saying, I am appalled by the way the state treats the providers in this program. When I worked at the state level in Adult Services we appreciated our providers & did everything possible to support & assist them to meet the needs of the people they served. With the Waiver program it appears that the provider agencies are victimized, demeaned & treated like criminals instead of being recognized for the wonderful service that is being provided to our elderly & other vulnerable WV citizens. I am proud of what we do & how we do it. It also seems that the state is trying to discourage providers & make it so hard to operate that they quit working with the program. Why would anyone do that? The need is here. It has to be met. Nursing home care is definitely much more expensive for the state & certainly less desirable for those in need of care. I know that everyone would rather be able to stay at home rather than be in an institution when they find themselves in need of help. WV has one of the highest numbers of elderly & disabled people of all the states in this country. These people must be served or left to die so why can't we work together in an amicable, supportive & appreciative way to make this happen? I sincerely hope that there will be serious consideration given to the changes that have been proposed for this program	
28	9/25/2020	After reviewing the Aged and Disabled Draft Policy, I have concerns for the Case Managers, nurses, and other members in the field. I have been a Case Manager for several years in this field. I feel that I have been professional, caring and understanding with all my clients and	

		other people I have worked with. I have worked with multiple agencies and Case Managers and have a good working relationship with them all.	
		I have concerns about Conflict Free Management Policy and concerns over how this will affect them. They feel that they will have to choose between their Case Manager or their Personal Attendant. Members have always had their Freedom of Choice to choose their agencies and this Freedom of Choice is being taken away from them. I just wanted to address this concern along with the concerns with this new draft policy that I am addressing next.	NO CHANGE -CFCM is a Federal Requirement and cannot be waived and must be implemented.
		My main concern about these changes is the required monthly face to face contracts. As a Case Manager I feel this is an impossible task.	CHANGE – Required visits will change to quarterly and fee will change to $90/month.
		The maximum case load limit is 75 members. This is an impossible task to expect a Case Manager to be able to make this many face to face visits every month. Due to the location of my clients, and I am sure I am not alone, it could take an hour or two hours just to get to the client. There are 20-23 workdays in a month. Even if we could work every available day to just make the required visits, how can we continue with all our other required duties? There are multiple changes in most of our services plans, implement annual MNER (this take multiple calls, faxes and trip to the physician's office) ensure financial eligibility and set up any extra services needed (set up in home service, incontinency supplies, medical equipment, etc.)	NO CHANGE – Caseload limits are being removed with this application. The goal is for agencies to distribute/assign caseloads per geographic location and need. BMS will monitor the size of caseloads through retro reviews and advise the agency to decrease if it appears the caseloads are too large to handle the workload.
		After traveling to the client and making a 20-30 minute visit. I question if there would be any time left to do all the work that needs to be followed up on in the office?	

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

		With having clients in rural areas, the roads we must travel and the unpredictable weather known of our state, this could be next to impossible and dangerous. This policy could lead to many agencies having to accept less clients in order to meet the new requirement. The separation of an agency providing both services could already affect the ability of serving the need of the clients due to shortage of agencies. Now with this added requirement of having to conduct fact to fact interviews monthly, could lead to agencies having to make the decision to lower the number of clients they have in the Case Management program. What about COVID-19? We have been instructed not to make face to face visits for the safety of everyone. However, starting January 2021, Case Managers will be required to make monthly home visits. The RNS only will make two visits annually. Will it be safe for a Case Manager to make home visits with the increase in COVID-19 and the warning the virus will be around until late 2021? I hope the proposed changes are reconsidered for Case Managers, Registered Nurses, and other members in the field. We need to determine what is best for our clients. I also feel if these changes are implemented, the field will lose many Case Managers, and this would be a disservice to our clients. Thank you for giving us an opportunity to express our concerns on this policy change.	NO CHANGE – In person home visits are not required at this time and will not be until determined safe due to Covid-19 pandemic.
29	9/25/2020	CURRENTLY: The homemaker is in the home on a daily basis. That homemaker has been trained to report anything out of the ordinary (status	

		changes, medical issues, safety risks) to their Service Coordinator or RN Supervisor; if it is something which Case Management needs to be aware of, the RN reports that to the Case Manager Agency. Therefore, with the Case Manager contact via phone on a monthly basis, there is no need for a Case Manager to be required to travel to the homes monthly If it becomes mandatory for the Case Manager to go into a home on a monthly basis, the Case Manager will not have time to provide quality performance including meeting all mandatory deadlines plus be available in the office to follow up with phone calls related to various requests, problems and issues throughout the various homes. If Case Managers are required to go into each and every home on a monthly basis, that Case Manager is a potential for putting Members at risk related to health & safety issues. Example: on each outing, the Case Manager will be attempting to get into as many homes as she possibly can within that daily timeframe. 1) The Case Manager goes into one home and contracts lice, bedbugs, anything which might be contagious, etc. (This could be something which would not be visible to the naked eye & might not show up for several days.) 2) The same applies to disease; this could effect multiple people and our Members are the very vulnerable d/t many underlying medical issues. 3) That Case Manager then travels to multiple homes within that day. 4) This is a huge potential for every one of those Members and their homes to be put at risk: health, welfare and financial hardship.	CHANGE – Required visits will change to quarterly and fee will change to $90/month. NO CHANGE- Home visits are currently not required and will not be until safe due to Covid-19 pandemic.

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

		A Case Manager going into each home on a monthly basis actually increases negative status change to each Member's health and safety rather than decreasing their risks.	
30	9/30/2020	ADW member's family called to say they agree with the monthly CM visits.	NO CHANGE – In agreement with change.
31	9/30/2020	ADW member's family called to say they agree with EVV if it is not tracking "listening" to what is going on in the home after worker no longer there.	NO CHANGE – In agreement with change.
32	9/30/2020	ADW member's family called to say they agree with the PERS unit.	NO CHANGE – In agreement with change.
33	9/30/2020	ADW member's family called to say that the CFCM sounds ok.	NO CHANGE- In agreement with change.
34	9/30/2020	If a service recipient is being forced to pick a different person to provide case management, it does not appear that they have a *"choice" regarding the services and supports they receive and from whom.* If they do not want an additional person coming into their home as frequently as monthly, it appears that they will not have a choice in that matter. Seniors do not respond well to change. They become comfortable with a certain caregiver, case manager, and agency coming into their home at the times they choose. Developing that trust relationship takes time. Once developed, the client and/or client's responsible person is more comfortable sharing information and needs. If there are issues with a case management and caregiving situation being provided by one agency, then address that situation instead of forcing seniors already comfortable and	NO CHANGE -CFCM is a Federal Requirement and cannot be waived and must be implemented. CHANGE – Required visits will change to quarterly and fee will change to $90/month.

		confident with their current case management situation to change. If you cannot or will not address a case management issue on a case by case basis, then, at the very least, do not force current clients to change their case management situation.	
35	9/30/2020	I know this is federal, but I must comment on the Conflict Free Case Management plan. There should be some mechanism in place to "grandfather in" participants who are already enrolled in the program. I have clients for whom I have been the CM for 7+ years. Some of them have expressed their dismay at being forced to choose a different case manager. The emphasis in health care for years has been "patient choice". How is this patient choice if their choice is taken away? Regarding the proposed changes to CM requirements--monthly face-to-face meetings with the client. This will represent a significant increase in hours and expense for the CM agency. There must be an adjustment in reimbursement (to cover increased time as well as mileage) along with a decrease in the number of maximum clients allowed per CM. Otherwise, I predict the number of agencies willing to provide case management services will steeply decline.	NO CHANGE – BMS did call CMS and ask to grandfather existing members and were told no. CHANGE – Required visits will change to quarterly and fee will change to $90/month.
36	10/1/2020	EVV concerns about privacy being invaded	NO CHANGE – This is a requirement in accordance with the 21st Century CURES Act. It is Federally mandated.

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

37	10/1/2020	Case Managers currently cover several counties. With the current set up a Case Manager Agency and a Personal Attendant Agency are from the same office (although different names). Case Managers currently cover several counties, but with the current set up, most of a Case Manager's cases are within the hometown/county area. With the 'done deal change' where the Case Manager Agency and Personal Attendant Agency cannot be out of the same office, the bulk of the Case Managers cases are going to be in counties which are an hour to two hours of travel one way. With a 30 day month; 5 workdays a week; 4 weeks within a month: this is only 20 workdays. There is no way that a Case Manager can possibly do face to face visits with every Member monthly. There is no allowance for time in a Case Manager's regular work and a Case Manager answers numerous phone calls where a Member is anxious about something and the Case Manager is the resource person for that Member. If the Case Manager is out of the office, the Case Manager is not going to be available to cover all of these bases. And, no one wants to travel all day and then return to the office and put in extra hours at night or work on weekends. Also, the extra wear and tear on the Case Manager's vehicle is not being taken into consideration. Agencies do not reimburse the total amount of mileage to the Case Manager that the agency receives from the state, therefore, the mileage reimbursement is no incentive. Case Managers	NO CHANGE – CFCM is a Federal requirement that cannot be waived and must be implemented. CHANGE – Required visits will change to quarterly and fee will change to $90/month.

		must take their vehicle to the car wash at least a couple times a week and there is certainly no reimbursement for that. The Personal Attendant is in the home daily. The PA is the eyes on daily. A Case Manager going into the home monthly is not going to make any change. Currently, if the PA sees a problem or issue, that PA reports it to their Service Coordinator or RN Supervisor; if it is something that the Case Manager needs to know or needs to take care of, the RN Supervisor notifies the Case Manager. This all works. It is not cost efficient or efficient use of the Case Manager's time to send a Case Manager into a home monthly. Also, most of the Members do not want additional people in their homes; the Member feels secure with the PA and does not want other people intruding. It is difficult to pen some Members down for their 6 month & Annual meetings; they make excuses. Conclusion: CMs should not have make monthly visits.	
38	10/5/2020	I'm a care worker and I got a call from our CMA worker today. She told me she was told that as of January they are going to be doing home visits once a month. And this supposed to cut down on incident reports and incidents. I can honestly say I don't believe that will be true. Because by the time they visit everyone once a month with as many people they have to visit a day they won't be at each home very long so really how much are they going to be stopping incidents. Each visit won't be for long time periods and this time they taking up going home to home for home visits a month this is gonna take away from the help they give us with contacting suppliers and doctors and everyone they need to that helps us get what we need in the homes for the clients. So I honestly can say I'm against this because this is gonna	CHANGE – Required visits will change to quarterly and fee will change to $90/month. NO CHANGE – Visits were to ensure health and safety of member, not cut down on incidents.

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

		make a lot harder on our CMA worker to be able to help the clients as much as they do. This is gonna cut back on the help they give to everyone. And in the long run I believe this is gonna hurt our clients more then help them. This is also gonna be spreading germs more and taking chance of spreading viruses and the covid more and i do not want to be exposed to things more and I don't think it will be good for the clients to be exposed to more germs and viruses then they already are. I believe its a mistake to change the way things are done now.	NO CHANGE – Visits are not currently required and will not be until deemed safe due to Covid-19 pandemic.
39	10/5/2020	Upon reviewing the changes to the ADW manual I am concerned with reading the sections regarding conflict free case management & the possible infringement on participants freedom of choice. It appears to be stating that participants must now have case management services when their choice now is whether to have case management services or not. My mother has chosen personal options in order to limit the number of people in our home and this was prior to Covid. Her resource consultant has been an excellent resource and my mother does not require or desire case management services. Am I reading this correctly and will case management be required. We are not in favor of this mandate.	NO CHANGE – CFCM is a Federal requirement that cannot be waived and must be implemented. NO CHANGE – A resource consultant is not a case manager and cannot function as one. NO CHANGE – . CFCM is a Federal requirement that cannot be waived and must be implemented.

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

40	10/9/2020	This ADW agency supports the implementation of Electronic Visit Verification (EVV) in accordance with the 21st Century CURES Act. As the state's EVV vendor has not been publicly announced by October 4, 2020, demonstrating EVV compliance by BMS and ADW providers by January 1, 2021 is ambitious at best. ADW providers are not being offered a reasonable period of time to prepare for and implement the EVV system by January 1, 2021, but nonetheless, this agency will be ready by that date. This agency recognizes the value of EVV overall, as this approach should be effective in reducing fraud, waste, and abuse, creating efficiencies in terms of eliminating unnecessary paperwork and sharing information, and enhancing data collection capabilities. This agency firmly supports immediate implementation of Conflict Free Case Management (CFCM) in accordance with the Code of Federal Regulations (79 CFR 2948 and 42 CFR 431.301 (c)(1)(vi). As an agency that does not provide case management services, this agency has first-hand experience with the various types of conflicts this federal mandate is seeking to eliminate. Medicaid ADW members should have an adequate remedy via a separate organization to file a grievance with or to simply request changes in their care when they are not being served adequately. Often, when ADW members are being served in both the personal attendant and case management capacities by the same organization, their requests are not addressed. This agency would like to stress that strict scrutiny should be exercised in order to ensure this mandate is implemented on time and proper oversight is maintained. This agency does not provide case management services, and will provide limited comments on those issues. However, it is this agency's position that in order to provide comprehensive, effective case management in terms of improving the quality of care and reducing unnecessary cost, West	NO CHANGE – Agency in agreement with EVV NO CHANGE – CFCM is a Federal Requirement and cannot be waived and must be implemented however agency in agreement. NO CHANGE – Comments made on additional thoughts regarding CM services that are not part of the application.

		Virginia's managed care organizations should be engaged to provide case management services for Medicaid ADW members. "Carving in" the ADW program into a managed care model will offer ADW members and ADW providers enhanced support and resources. As most West Virginia Medicaid populations have been transitioned to a manage care model, doing the same for the ADW program population makes sense. Additionally, this agency supports the position that West Virginians with Medicaid benefits should always have the freedom to choose their in-home care provider, no matter which Medicaid program is paying for the services. For far too long, West Virginia Medicaid beneficiaries, and especially those with Medicaid Personal Care benefits, have been denied that freedom. Access to certain in-home care providers is being denied because of burdensome and inflexible laws, rules, and regulations such as Certificate of Need (CON). Often, for profit companies, many of which offer excellent and affordable in-home care services, have been unable to participate in the Personal Care program, as this taxpayer funded program has been monopolized by a select few agencies as a result of a flawed need methodology. Any barrier to access must be changed immediately, including removing the Personal Care program from behind CON.	NO CHANGE – Comments made regarding another program.
41		I understand there are several new changes set to begin 1/1/21 to the ADW program. The ones I am most concerned with include numbers 1-6.	

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

		Implementation of Electronic Visit Verification (EVV) in accordance with the 21st Century CURES Act. The state will demonstrate compliance by Jan. 1, 2021 unless there is a Federal mandate extending that date.	
		To request a caregiver to verify arrival and departure to a home already filled with anxiety and stress is to ask for additional trauma to disabled individuals and attendants trying to get as much done as possible in the short time allotted. Many caregivers are viewed as family, welcomed into the home happily, some are not. Sometimes a caregiver is going into a home where the patient is not happy and non compliant, possibly even suffering from dementia or Alzheimer's. Family members are often present and may even have the bath prepared or have the client dressed ready to leave for an appointment the moment we walk through the door. To add more to an already overloaded a situation is just another task that could be viewed as micromanaging, causing dedicated care givers to feel less and less appreciated in a demanding and often thankless job. In light of the high turnover rate and the difficult recruitment field of personal care givers I think we should be looking at ways to increase abilities and confidence to allow for more experienced and loyal staff.	NO CHANGE – EVV is a requirement in accordance with the 21st Century CURES Act. It is Federally mandated.
		Implementation of Conflict Free Case Management requirements to be in accordance with the Code of Federal Regulations (79 CFR 2948 and 42 CFR 431.301 (c)(1)(vi).	NO CHANGE -CFCM is a Federal Requirement and cannot be waived and must be implemented.
		I am not sure how the present situation could be a conflict of interest. By using only one agency it seems to keep all things organized, flowing	

		smoothly and is much easier on the decision maker. Family can make one phone call to discuss or report details of a case. One company is fully aware of a clients needs and how they are being met. The case manager is well versed in the clients needs, medically and environmentally as is the nurse. Many families do not want to or have adequate time to deal with different agencies. Many agencies do not hold to the high standards of others and I believe many details of clients needs will fall by the way side.	
		Added to the criteria of a case manager to include a 4 year degree in a human service field with certification from the on-line case management training developed by the Bureau for Medical Services. I am not aware of current criteria for this position but would hope those already working as case managers would be permitted to continue with the job they do so well.	NO CHANGE – Current criteria is Licensed Social Worker, Licensed Professional Counselor, and RN. They will be permitted to continue in their current positions.
		Added requirement that all Person-Centered Service Plans (PCSP) must be facilitated by ADW Case Managers.	NO CHANGE – no comment made
		Added requirement of a monthly Face to Face home visit by the Case Manager with the member to assure health and safety.	CHANGE – Required visits will change to quarterly and fee will change to $90/month.
		This is absolutely an impossible task. To remove the case manager from the office to complete a face to face meeting monthly is an outrageous	

		request. There is not sufficient time to allow a case manager to complete required tasks in the office and visit each client. This would be met with very angry and defensive people. No one wants to have their home and privacy invaded monthly. This is not only an unreasonable request for the case manager but also for the client. People that require daily assistance are often in pain daily or dealing with events that cause them to be very private and they value their privacy. Removed the Personal Options Skill Nursing Service Codes of T1001-U2 and T1002-U1 due to utilization review indicating. All clients should have all choices available at all times.	NO CHANGE – this will affect personal options members only. These separate codes are being eliminated due to no use of the codes for 5 years. If a personal options member would want skilled nursing, they could purchase it via a traditional agency.
42	10/13/2020	I am a caregiver for a disabled, older family member who has been in the Aged and Disabled Waiver program for over ten years. The ADW program has been a godsend since it is a 24/7 job taking care of and staying with my family member, and I, therefore, am unable to work outside of the home. I have read over the new proposed amendments for the program, and I am concerned about the issue of required monthly face to face visits by a case manager. It is my understanding that additional case managers will have to be hired to accommodate this change. In the ten years that I have been involved with this waiver program, there has been little to no change in my family members condition. In our case, even the current required 6 month visit is unnecessary. A yearly face to face visit would suffice along with the monthly calls. And to change it from 6 month visits to monthly visits, in my opinion, is not only a waste of time, but also of resources.	CHANGE – Required visits will change to quarterly and fee will change to $90/month.

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

		I feel that if additional money is available to hire extra case managers, then it should be used to open up the program to people that are currently on the waiting list. This would give additional families the help that they need to take care of their loved ones, just as our family has been able to do under the ADW program.	NO CHANGE – We currently have no wait list.
43	10/13/2020	An ADW personal options member called to say she is not sure she needs CM or the monthly visit. She has a daughter that checks on her daily.	NO CHANGE – The CM will assure the health and safety of the member through monthly phones calls and quarterly visits.
44	10/14/2020	Purpose of Amendment (page 2): "5. Added requirement of a monthly Face to Face home visit by the Case Manager with the member to assure health and safety."; and, Appendix C: Participant Services (page 54): "Make monthly face to face contact in home with the member receiving services." This Agency agrees with adding monthly face to face home visits as a requirement and feels as though this is a positive change for members. Appendix B: Participant Access and Eligibility/B-6: Evaluation /Reevaluation of Level of Care (page 46): "6. The UMC issues a potential closure if the applicant/person cannot be contacted within an established number of contact attempts. The potential closure notification includes a toll-free number to call to schedule the evaluation."	CHANGE – Required visits will change to quarterly and fee will change to $90/month. NO CHANGE – Each case is reviewed on an individual basis and best practices are applied. This section was not open for public comment at this time.

		This Agency recommends a timeline be added to better define this process and a clearly designated number of contact attempts that are required prior to closing. Appendix B: Participant Access and Eligibility/B-6: Evaluation /Reevaluation of Level of Care (page 46): "7. The UMC closes the referral if no response is received within established time frames. If the applicant/person decides to have the evaluation after the referral is closed, a new referral is required." If there is not a timeline designated for the amount of time before a referral is closed; this agency recommends a timeline be added to better define this process. Appendix D: Participant-Center Planning and Service Delivery/D-2: Service Plan Implementation and Monitoring (page 101): "Members must have different Case Management agencies and personal attendant agencies unless a cultural or geographical exception has been approved by BMS. In these cases, agencies are required to have written policies and procedures to avoid conflict of interest if the agencies provide both Case Management and Personal Attendant Services. The OA reviews and measures demonstration of these policies upon on-site review to make sure there is a statement prohibiting conflict of interest and self-referral, that there are separate staff for each service, that there are separate Case Management and Personal Attendant member files." This agency recommends that additional information be provided about the criteria to meet what serves as an exception and the process in making the request.	NO CHANGE – The timeframes are outlined in the policy manual, Section 501.9.2. NO CHANGE – The geographical and cultural exceptions will be defined in the policy manual.

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

45	10/14/2020	I do not support the case management monthly home visits! We have discussed with participants and they are highly upset, and have even commented, “will it matter if we comment because it didn’t matter about the conflict free case management, they did it anyway” Please truly consider this majorly intrusive request on these participants.	CHANGE – Required visits will change to quarterly and fee will change to $90/month. NO CHANGE -CFCM is a Federal Requirement and cannot be waived and must be implemented.
46	10/14/2020	Implementation of Electronic Visit Verification (EVV) - Yes Implementation of Conflict Free Case Management requirements - No Added requirement of a monthly Face to Face home visit by the Case Manager with the member- Yes Added the service of a Personal Emergency Response System (PERS) unit - Yes	NO CHANGE -CFCM is a Federal Requirement and cannot be waived and must be implemented. CHANGE – Required visits will change to quarterly and fee will change to $90/month
47	10/14/2020	Hello, I work for and ADW provider agency and feel it is a good organization and a good system. IF it is not broke don't fix it!	NO CHANGE – Does not comment on any specific change.

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

48	10/14/2020	I oppose the Conflict Free Case Management requirement. This is NOT based on my desire to pack my agency rolls, but to provide good Case Management to participants who have freely chosen my agency. I also oppose the added requirement of a monthly face to face home visit by the CM. After discussing these changes with every participant on my schedule. All have expressed concern and displeasure. I have not in any way tried to persuade or coach my clients. All were upset and many wanted to express their concerns to BMS, but most being unsure on their ability of how to do this plus their timid approach and basic lack of knowledge about the program itself, may or may not do so. I sent every one of my participants a copy of what was provided to me by BMS indicating the changes and how to comment. I followed up with each client to be sure they received this information and to answer any questions. Most of what I found was "What is this all about? Why would they want to make us change? This is not my choice!"---However most if not all clients had no idea this was coming despite, I'm sure was communicated to them via Kepro RN. However, this goes to show how uninformed most clients are about the basics of this program. Most people only care that they are getting services, how long can they stay and can they take me somewhere? I have yet to understand the importance of a monthly face to face home visit per CM. Not only is this intrusive into people's lives it makes no sense in days of COVID 19 as well as Climate Change. What will be accomplished is easily accomplished on the telephone and has been for years. I agree that it is important to make monthly contact as lots is found out by discussing things with the person and I enjoy talking to them monthly. If a visit is warranted due to some problems that cannot be addressed on the phone, I have always done that and hopefully most	NO CHANGE -CFCM is a Federal Requirement and cannot be waived and must be implemented. CHANGE – Required visits will change to quarterly and fee will change to $90/month. NO CHANGE – Monthly face to face meetings were suggested as a means to monitor health and safety of the member which is a federal regulation of the program. This has been changed to quarterly visits.

		CMA's would also see to it to make a visit. To suggest that a home visit will assure health and safety, I strongly disagree. If wanting to specifically address this issue, this question can be added to the monthly contact sheet. Most people who I discussed this requirement with on the telephone, were opposed as well and felt the telephone contact monthly was adequate and agreed that coming for a home visit monthly was not warranted. As of now CMA's make 2 or 3 planned visits to a participant's home. 2 reviews and a PAS visit with the Kepro nurse. I always go to the PAS visit as I feel this is part of being a good advocate for my clients. I always make a home visit if the person has dementia, has a problem that cannot be dealt with on the phone or if I feel the client just needs a home visit. Due to Covid-19 many visits have been discontinued for safety sake. But in the past I have, as I'm sure many other CMA's have, made a HV based on discretion. Thank you for taking the time to read my comments,	
49	10/15/2020	I have been a case manager for the Aged and Disabled Waiver program for ten years. During these ten years the responsibilities and the workload of the case manager continues to grow. Just the process of opening and closing a participant is so time consuming, not to mention assessments/service plans, Kepro visits, financials, keeping track of MNER's, referrals, checking Medicaid numbers, incident reports, transfers, notification of death, ordering medical supplies…… these are just to name a few, and this is if you are having a good day. There are also APS reports, problems between participants and PA's, family issues, calling every resource you have because someone's water has been	

		turned off or their grandson has stolen the money for the rent. In my experience if there is a problem or need it is the case manager that is notified and the case manager has to fix it. Adding a face to face monthly visit is not feasible. The additional time on the road will not allow me to completed my work, much less all of the "extra" that comes along with a case load of aged and disabled individuals. I shudder at the amount of voice mails alone that will be waiting on me after one day on the road. Also, in regards to the case managers having to utilize EVV when we enter the homes, I have no problem with this, however what I do have a problem with is it is an insult to my education, my license, and my profession that this is required of me but not of the nurse !	CHANGE – Required visits will change to quarterly and fee will change to $90/month. NO CHANGE – This is a requirement in accordance with the 21st Century CURES Act. It is Federally mandated.
50	10/15/2020	In response to the Public Comment period for the Amendment to the West Virginia Aged and Disabled Waiver Program, I would like to express my concerns to a few of these changes. My first concern is regarding the change that added the requirement for Case Managers to conduct face to face monthly home visits. As a case manager, I feel that this is unreasonable to expect a case manager to be able to complete the monthly face to face home visits while also maintaining the extensive amount of paperwork and documentation that is already required for the clients on the program. We would spend the majority of our time on the road traveling throughout the rural areas of the counties we serve. This would leave very little time for us to return phone calls and tend to the needs of the clients we serve. This would take us out of our offices and limit the amount of time that we would have to be able to	CHANGE – Required visits will change to quarterly and fee will change to $90/month.

		type up our assessments and service plans in the time frame assigned for them to be shared with the client, other agency involved, and uploaded into care connection. This also takes away from the time that case managers would have to assist people in the community that are needing assistance with applying for the program. I feel that a reasonable compromise would be to conduct face to face visits with the clients quarterly instead of monthly. Case managers could continue to complete monthly monitoring calls in the months in between the face to face visits. Most case managers are able to ask questions and pick up on subtle ques that something may not be right when they are completing these monitoring calls. The case manager could then choose to conduct a face to face visit and assess the situation. It would not be necessary to complete a face to face visit every month with every client. A lot of the participants on this program have a good informal support system and do not need a lot of outside involvement. Case managers could better utilize their time and resources if they were given the ability to make quarterly face to face visits and choose to make a monthly face to face visit when determined to be needed based on whatever situation participant may be dealing with at the time. The areas we serve in West Virginia are mainly rural and sometimes takes upwards of 2 hours round trip to travel to complete one assessment. Monthly monitoring calls are much more efficient and allow much better time management for the case managers. Requiring case managers to travel to each and every client's home on a monthly basis is going to add a lot of travel expense to the agencies. Case managers can not be expected to put that kind of mileage and wear and tear on their personal vehicles. The reimbursement no where near compensates for the added cost to maintain our personal vehicles. It is unreasonable to assume that the agencies that provide these services can afford to pay for additional	

		vehicles to provide their case managers and nurses with vehicles to drive every day. With Conflict Free Case Management going into practice, the case managers and nurses will no longer be traveling together to the same home. This means that where we once used one vehicle to travel to complete our assessments, there will now need to be 2. If the case managers are always out on the road to complete their monthly face to face visits, that leaves no available vehicle for the nurses. I feel that little consideration was given to what it actually takes to do quality case management and the added burden these changes would put on the case managers to try to incorporate these changes into an already stressful and time consuming job. We are licensed professionals who obviously chose this career for reasons other than the monetary compensation. With that being said, we can not be expected to perform such a taxing job without being treated as professionals and therefore, being paid accordingly. It appears that as new duties or requirements for this program arise, they are for whatever reason always assigned to the case managers. Meanwhile, the nurses have merely to do an assessment and create a plan of care. The case manager has to monitor the clients, do assessments, create service plans, ensure that the services are being provided, assist with new applications, assist with transfers, keep up with the MNERs and keep current participants on the program active, assist with getting participants medical equipment and whatever else they are in need of. The list goes on and on. I would also like to address the requirement that case managers use the Electronic Visit Verification and the nurses are not required to do so. This is an insult to me as a licensed professional. It is almost as if you are saying that the case managers are not to be trusted, but the nurses are. I have a completed a bachelor's program, taken and passed the licensing exam, and practice as a licensed social worker. The nurses should not be	NO CHANGE – The rate with monthly visits was increasing to $174/month. With the change to quarterly visits, this rate still increased to $90/month. NO CHANGE – This is a requirement in accordance with the 21st Century CURES Act. It is Federally mandated. We are starting with PAs and CM. Other

		held to a different standard than the case managers. In my honest opinion, they do the least work and get paid the most. I understand that they are needed for the program. I just feel that the case managers get all of the duties piled on over and over and never receive the recognition or compensation. I am fine with using EVV to verify my visits. I just think that if we are going to use this system, the nurses should be required to use it as well.	positions may also be required later.
51	10/15/2020	I am writing in regard to the new ADW manual and possible changes. I do realize that the conflict free case management is a federal regulation. I personally think that this is going to negatively impact our members. They have developed relationships with their current case managers and feel comfortable with them. They have spoken with them by phone on a monthly basis for years. Most of my members are extremely upset at the prospect of changing either CM services or PA services. With both services being housed in the same agency it is easy for the CM, RN, and staffing coordinators to discuss problems that arise. When the separation happens, I can see multiple problems rising. -I feel that trying to schedule our visits is going to be very difficult because there will be multiple case managers to schedule with. I anticipate having difficulty synching up our schedules. -When problems arise, it will be difficult for all responsible parties to discuss the situation. -It is impossible for the case managers to visit their members on a monthly basis. If they have 30 members, that will be 30 visits in addition to their assessments. They will be traveling constantly. That leaves no room for	NO CHANGE -CFCM is a Federal Requirement and cannot be waived and must be implemented.

		problems which arise. As it is now, they sometimes spend all day just problem solving. Not to mention all of the incident reports and APS referrals. Therefore, much of the workload that they have now will have to be pushed onto the other agency employees. -I anticipate many of the RNs and CMs quitting their jobs due to frustration. Some of the smaller agencies will have to close. The case managers will now have to travel to more outlying counties. This means that the agencies will be forced to hire more case managers to service the load, buy more vehicles due to the increase in travel, purchase phones so that we can all communicate, and need more office space for the accommodate the new case managers. All of this plus no higher reimbursements!!! I personally am taking early retirement. I have worked here for 13 years and have loved the job. Now I see nothing but frustration and conflict in the future. To make matters worse, it is the ADW program and our members who are going to suffer. This is the very people that we are supposed to be helping. Shame on Obama care for enacting this!	
52	10/15/2020	First of all, I am concerned our comments won't make any difference but I wanted to address my concerns. I have great concerns about implementing EVV along with Conflict Free Case Management, but I am fully aware our hands are tied on both of these issues.	NO CHANGE -CFCM is a Federal Requirement and cannot be waived and must be implemented.

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

			NO CHANGE – This is a requirement in accordance with the 21st Century CURES Act. It is Federally mandated. We are starting with PAs and CM. Other positions may also be required later.
		My greatest concern is you are requiring Case Managers to do monthly face to face visits. You have increased their responsibilities along with doing monthly face to face making it nearly impossible to carry any kind of client load that would not result in agencies providing case management to pull out due to loss of revenue. Case managers will most likely be losing most of the members they have worked with for some time due to CFCM. Now they are going to be working with new members which may require them to travel a further distance and to do this monthly I feel is unreasonable. Quarterly face to face would be more reasonable and sustainable for agencies to comply with. I do hope you will reconsider this one aspect of all the changes with this new manual. Without increases in CM and an allowance for mileage I cannot foresee any agency being able to handle this expense.	CHANGE – Required visits will change to quarterly and fee will change to $90/month. NO CHANGE – Required visits will change to quarterly and fee will change to $90/month.
53	10/15/2020	I am writing in regard to the proposed changes to Case Management. My concern is with the mandated face to face visits each month. I have been working with the Aged and Disabled Waiver program for over a decade now. I feel that I am efficient with the work that I do now. I have spent years building rapport with my participants and I try to make myself available to them whenever they need me. Each participant is different,	CHANGE – Required visits will change to quarterly and fee will change to $90/month.

		some require more of my time and I manage my time based on their needs. I meet the monthly contact requirement and I also make myself available to participants who just need someone to talk to. I feel this is important as a case manager. So many of the participants suffer from depression, and it truly seems to make a difference that I am available to just listen and provide emotional support. I fear that my time will be consumed by travel if we are mandated to make face to face visits every month. I currently have participants who reside two hours away from my office. If I am spending a large amount of my time traveling, I will be less available to the participants who call in for emotional support. I understand that you may be requesting this change to justify increasing case management reimbursement, but I think it will make it more difficult to meet the needs of these participants, whether it is by providing emotional support, following up on physicians orders, following up on needed resources, etc. Also, our management may be forced to hire additional case managers so that our caseloads will be decreased in order to meet this mandate. Along with that and the fact that they will be dispersing more in mileage reimbursements, many companies will suffer. My recommendation would be to mandate a minimum of face to face visit every 3 months or as needed during that time. I feel that this would justify increasing case management reimbursement and also allow us time in the office to provide adequate assistance to our participants.	

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

54	10/15/2020	EVV costs should be covered 100% by the state. Agencies have been faced with additional expenses especially this year, and because the state has chosen what program would be used, agencies should not be expected to pay any additional fees in order to have this program up and running.	NO CHANGE – Electronic Visit Verification (EVV) is federally mandated by the 21st Century CURES Act and must be implemented by Jan. 1, 2021. The state's contracted EVV vendor will make the software solution available to provider agencies at no cost. Agencies may have administrative costs associated with the implementation of EVV but these costs may be offset by efficiencies resulting from the use of EVV.
		EVV implementation should be postponed until the Covid-19 pandemic is over. As you can imagine, agencies are overwhelmed at the current state of "keeping head above water".	NO CHANGE – BMS has asked for a delay and will continue to ask however the January deadline is set by Congress and it will take an act of Congress to delay it.
		When Kepro nurses are directing members to select a provider, Kepro nurses should have them select the personal attendant provider first.	NO CHANGE – KEPRO will continue with the script they use now which is a general overview and not directions of which type of agency to select first.
		Mileage rate should not be reduced. The state determines what it costs to drive your own vehicle therefore BMS paying anything less than that, the	NO CHANGE – The purpose of the mileage rate change is it to

		employee would actually be paying for part of the cost to transport a member.	keep it consistent with the rate utilized by Non-Emergency Medication Transportation (NEMT).
55	10/15/2020	Implementation of Conflict Free Case Management requirements to be in accordance with the Code of Federal Regulations (79 CFR 2948 and 42 CFR 431.301 (c)(1)(vi). Comment: This change is a great disservice to the client! They should have the right to choose who they wish to have as their case manager and nurse. Added requirement that all Person-Centered Service Plans (PCSP) must be facilitated by ADW Case Managers. Comment: Does this mean the RN will not develop the PAL? If so, that needs changed. Added requirement of a monthly Face to Face home visit by the Case Manager with the member to assure health and safety. Comment: This is not something that can be accomplished with a CM that carries a caseload of 75 clients. This will require two case managers to manage 75 clients, which means doubling staff and cost! Even with a higher reimbursement it is not feasible. This will most likely cause a shortage in CM agencies. Thus the client will suffer.	NO CHANGE -CFCM is a Federal Requirement and cannot be waived and must be implemented. NO CHANGE – The nurse will continue to perform this function, the Personal Attendant Log (PAL) will most likely be separated from the service plan which will be the driving factor in member care. CHANGE – Required visits will change to quarterly and fee will change to $90/month. NO CHANGE – Caseload limits are being removed from the application. BMS will monitor the size of caseloads through retro reviews and advise the agency to decrease if it appears the caseloads are too large to handle the workload. NO CHANGE – Not listed as a change for comment but

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

		Comment: I am not sure why BMS choose to not include pre-employment drug screening for caregivers in the new manual. If BMS was sincere about client safety and providing quality care that would have been included.	appreciate the suggestion. It would be an additional cost to providers.
56	10/15/2020	Kepro nurses should direct members to select personal attendant providers first. Mileage rates should not be reduced. BMS is holding employees accountable for the cost to transport members. The costs of implementing electronic visit verifications should result in increased reimbursement per hour of service. These unfunded mandates are crippling businesses.	NO CHANGE – KEPRO will continue with the script they use now which is a general overview and not directions of which type of agency to select first. NO CHANGE – The purpose of the mileage rate change is to keep it consistent with the rate utilized by NEMT. NO CHANGE – Electronic Visit Verification (EVV) is federally mandated by the 21st Century CURES Act and must be implemented by Jan. 1, 2021. The state's contracted EVV vendor will make the software solution available to provider agencies at no cost. Agencies may have administrative costs associated with the implementation of EVV but these costs may be offset by

Comments for Chapter 501 Aged and Disabled Waiver Services

Effective Date: April 1, 2021

			efficiencies resulting from the use of EVV.
57	10/15/2020	ADW PA called to say due to rural areas they serve EVV may be difficult to implement.	NO CHANGE – This is a requirement in accordance with the 21st Century CURES Act. It is Federally mandated.