

Methodology for WV’s Waiver Transition Plan Application

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Introduction

In January 2014, the Centers for Medicare & Medicaid Services promulgated a final federal rule (CMS-2249-F and CMS 2296-F) to ensure that individuals receiving long term services and supports (LTSS) through home and community based services (HCBS) programs under 1915(c) and 1915(i) have full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal finances and receive services in the community to the same degree as individuals not receiving Medicaid HCBS.

West Virginia underwent the process of developing a transition plan pursuant to 42 CFR 441.301(c)(6) that contains the actions the state will take to bring all West Virginia waivers into compliance with requirements set forth in 42 CFR 441.301(c)(4-5). West Virginia intends to work with the various providers, participants, guardians, and other stakeholders engaged in HCBS to implement the proposed transition plan. This document summarizes the steps West Virginia's Bureau for Medical Services (BMS) undertook to develop the transition plans as well as planned activities related to compliance.

Phase I

Regulatory Review

To begin the transition plan development process, BMS conducted a regulatory review of the HCBS system by analyzing the current West Virginia waivers impacted by the new rule (**Exhibit 1**) as well as the waivers' supporting documentation (operation manuals, authorizing legislation, waiver applications, etc.). The state used CMS guidance documents, particularly "[Summary of Regulatory Requirements for Home and Community Based Settings](#)" to guide the analysis.

Exhibit 1

HCBS Waiver	Services/Setting Type	Original Approval Date	Effective Date	Expiration Date
Aged and Disabled Waiver Program	<ul style="list-style-type: none">• Case Management• Personal Assistance/Homemaker Service	07/01/1985	07/01/2010	06/30/2015
Intellectual/ Developmental Disabilities Waiver	<ul style="list-style-type: none">• Facility Based Day Habilitation• Participant -Centered Support• Respite• Service Coordination• Supported Employment• Electronic Monitoring/Surveillance System and On-Site Response• Skilled Nursing - Nursing Services by a Licensed Practical Nurse	07/01/1985	07/01/2010	06/30/2015

Traumatic Brain Injury Waiver Services	<ul style="list-style-type: none"> • Case Management • Personal Attendant Services 	12/23/2011	02/01/2012	01/31/2015
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During this review process, BMS conducted interviews of key West Virginia staff conducting waiver implementation to identify strengths and areas for potential growth for the state for inclusion within the report and transition plan.

Public / Stakeholder Input

To promote transparency and encourage stakeholder buy-in and input, West Virginia BMS solicited public / stakeholder input through two main channels: website and a public form.

Website

From the period of November 26 to December 26, 2014, West Virginians were invited to comment on the proposed statewide and waiver-specific transition plans drafted by BMS. A new webpage was linked from the HCBS home page of the BMS website and was developed for the posting the public notice (**Appendix A**). In addition to the current waivers and proposed transition plans, individuals could also access materials related to background information/documents on the new rule, multiple contact information channels to provide comment (email, phone and mailing address) on the public notice webpage. Upon posting the public notice to the website, BMS widely circulated the link and an invitation to comment to multiple ListServ and contacts (**Appendix C**).

Public forum

On December 12, 2014, BMS hosted a public forum to invite the general public to comment on the proposed transition plans. Meeting minutes were captured for the purpose of documenting public comment and has been included in full the list of comments received (**Appendix D**). Due to the public and open nature of the forum, BMS was unable to predict the level of attendee turnout. In the event that the forum would result in a very large turnout of stakeholders, BMS offered a supplemental comment form (**Appendix B**) to collect additional comments/feedback from attendees who may not have an opportunity to speak during the meeting. The meeting was advertised via many ListServ and contacts (**Appendix C**) as soon as the venue was secured. All background/informational materials posted to the BMS website were also offered at the public form.

Summary of Public Comments

Several comments from the general public, including from family members, providers and advocacy organizations, were submitted via email. In addition, feedback was provided during the public forum. The feedback received informed BMS that additional details around provider capacity, provider training was needed in the plan. In addition, considerations were submitted for BMS regarding communication and information dissemination to the public. If the comment received was not addressed in the transition plan, BMS plans to incorporate the feedback in future related activities. The list of public comments received as well as how BMS has addressed comments is provided in **Appendix D**.

Ensuring Waiver Compliance with the Federal Rule (for Attachment #2 of the Application)

In addition to identifying assessment activities and opportunities to solicit ongoing stakeholder input, BMS identified opportunities for remedial actions to bring the ADW, TBI and IDD waivers in compliance with the final rule. The remedial actions proposed in the statewide transition plan include activities under the following compliance areas: Provider Remediation (including Residential and Non-residential); Outreach and Education; Quality; and Policies and Procedures.

Provider Remediation:

Applicable Waiver	Compliance Area	Action Item	Start Date	End Date	Person Responsible
ADW, TBI, IDD	Provider Remediation - Residential	<ul style="list-style-type: none"> Incorporate the outcomes of the assessment of settings within existing licensure and certification processes to identify existing settings as well as potential new settings in development that may not meet the requirements of the rule. 	1/2/16	6/30/16	Bureau for Medical Services with assistance from individual Waiver Quality Councils
IDD	Provider Remediation- Non-Residential	<ul style="list-style-type: none"> Develop strategies for moving away from more congregate employment to naturally occurring learning environments and access to community activities and events. Build upon the supported employment model by including more person-centered and inclusionary supports including access to a variety of settings for participants to interact with non-disabled individuals (other than those individuals who are providing services to the participant) to the same extent that individuals employed in comparable positions would interact. 	7/1/15	6/30/20	Bureau for Medical Services, IDDW QIA, ASO and WV Employment First through WV Developmental Disabilities Council
IDD	Provider Remediation	<ul style="list-style-type: none"> Using lessons learned from the state's MFP program, develop a process for helping individuals to transition to new settings as appropriate. 	7/1/15	6/30/20	Bureau for Medical Services, IDD Waiver QIA and ASO and WV MFP
IDD	Provider Remediation	<ul style="list-style-type: none"> Building upon the MFP program, develop a housing strategic plan to address the potential need for transition to new housing as well as prepare the LTSS system for future need. 	7/1/15	6/30/20	Bureau for Medical Services, IDD Waiver QIA and ASO and WV MFP
IDD	Provider Remediation	<ul style="list-style-type: none"> Work with the stakeholder group to <ol style="list-style-type: none"> Identify challenges and 	7/1/15	6/30/20	Bureau for Medical Services, IDD Waiver QIA and

		<p>potential solutions to support provider changes that may be necessary.</p> <p>b) develop a toolkit for provider use that includes housing resources and person-centered planning strategies.</p>			ASO and WV MFP
IDD	Provider Remediation	<ul style="list-style-type: none"> Require provider owned or controlled residences to ensure residents rights are protected by legally binding agreements (lease or other). 	7/1/15	6/30/20	Bureau for Medical Services, IDD Waiver QIA and ASO and WV MFP
IDD	Provider Remediation	<ul style="list-style-type: none"> Develop a transition plan approval process which requires the provider to submit progress reports on the implementation of the specific setting identified. 	7/1/15	6/30/20	Bureau for Medical Services, IDD Waiver QIA and ASO
IDD	Provider Remediation	<ul style="list-style-type: none"> Prepare a formal letter indicating the need for the provider to develop a transition plan for EACH setting. Include guidance and a template transition plan that requires action steps and timelines for compliance. 	7/1/15	6/30/20	Bureau for Medical Services, IDD Waiver QIA and ASO
IDD	Provider Remediation	<ul style="list-style-type: none"> Develop a plan to manage non-compliance with the transition plans submitted by providers (e.g. disenrollment, sanctions). Include a decision flow and timeline within the management plan. Connect the plan with the quality improvement system. Assist providers in either becoming compliant or being terminated as a provider of HCBS because they are unable to become compliant. 	7/1/15	6/30/20	Bureau for Medical Services, IDD Waiver QIA and ASO
IDD	Provider Remediation	<ul style="list-style-type: none"> Develop template leases, written agreements or addendums to support providers in documenting protections and appeals comparable to those provided under West Virginia landlord tenant law. Ensure that written language describes the required environment to comply such as locked doors and use of common areas. 	7/1/15	6/30/20	Bureau for Medical Services, IDD Waiver QIA and ASO and WV MFP
ADW, TBI, IDD	Provider Remediation	<ul style="list-style-type: none"> Strengthen enrollment and re-enrollment procedures to identify settings that may have indicators of non-compliance and require more thorough review. 	10/20/14	6/30/20	Bureau for Medical Services and the appropriate Waiver's Administrative Services Organization

					(ASO)
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Outreach and Education:

Applicable Waiver	Compliance Area	Action Item	Start Date	End Date	Person Responsible
ADW, TBI, IDD	Outreach and Education	<ul style="list-style-type: none"> Provide training to licensure/certification staff, individuals and family members on new settings requirements. 	7/1/15	6/30/20	Bureau for Medical Services and the appropriate Waiver's Administrative Services Organization (ASO)
ADW, TBI, IDD	Outreach and Education	<ul style="list-style-type: none"> Conduct a webinar series to highlight the settings requirements (residential, non-residential including principles of person-centered planning). Post webinar archives on BMS website. 	7/1/15	6/30/20	Bureau for Medical Services, appropriate Waiver QIA and ASO
ADW, TBI, IDD	Outreach and Education	<ul style="list-style-type: none"> Provide strategic technical assistance by issuing fact sheets, FAQ's and responding to questions related to the implementation of the transition plan (action steps, timelines, and available technical assistance). 	7/1/15	6/30/20	Bureau for Medical Services, appropriate Waiver QIA and ASO
ADW, TBI, IDD	Outreach and Education	<ul style="list-style-type: none"> Provide training to enrollment staff to heighten scrutiny of new providers/facilities. 	7/1/15	6/30/20	Bureau for Medical Services, appropriate Waiver ASO and Office of Health Facility and Licensure (OHFLAC), if applicable
ADW, TBI, IDD	Outreach and Education	<ul style="list-style-type: none"> Develop and include ongoing provider training on rights, protections, person-centered thinking, and community inclusion. 	7/1/15	6/30/20	Bureau for Medical Services, appropriate Waiver QIA and ASO
ADW, TBI, IDD	Outreach and Education	<ul style="list-style-type: none"> Provide training to quality improvement system on new settings outcomes measures and 	7/1/15	6/30/20	Bureau for Medical Services, appropriate Waiver QIA and ASO
ADW, TBI, IDD	Outreach and Education	<ul style="list-style-type: none"> Update applicable Member Handbooks to strengthen person centered HCBS requirements. 	7/1/15	6/30/20	Bureau for Medical Services, appropriate Waiver QIA and ASO

Quality:

Applicable Waiver	Compliance Area	Action Item	Start Date	End Date	Person Responsible
ADW, TBI, IDD	Quality	<ul style="list-style-type: none"> • Quality Measures <ul style="list-style-type: none"> a. Develop or revise on-site monitoring tools to meet compliance (e.g. opportunities for “informed” choice, choice of roommate and setting, freedom from coercion). b. Include outcomes measures on settings within the current 1915c waiver quality improvement system. c. Build community character indicators within the 6 CMS Quality Assurances reviewed through the provider self-review process. 	7/1/15	6/30/20	Bureau for Medical Services, appropriate Waiver QIA and ASO
ADW, TBI, IDD	Quality	<ul style="list-style-type: none"> • Expand upon the QIA council to include responsibility to monitor data associated with meeting transition plan action items and outcomes data. Establish a baseline of outcomes data and measure throughout transition plan implementation. 	7/1/15	6/30/20	Bureau for Medical Services, appropriate Waiver QIA and ASO
ADW, TBI, IDD	Quality	<ul style="list-style-type: none"> • Crosswalk quality assurance tools against settings characteristics and person-centered planning requirements to identify areas of potential enhancement to the quality improvement system. 	7/1/15	6/30/20	Bureau for Medical Services, appropriate Waiver QIA and ASO

Policies and Procedures:

Applicable Waiver	Compliance Area	Action Item	Start Date	End Date	Person Responsible
IDD	Policies and Procedures	<ul style="list-style-type: none"> • Modify regulations to ensure community characteristics are reflected across IDD waiver services with particular attention on ISS, group homes and specialized family care homes as well as facility based day habilitation. 	7/1/15	6/30/20	Bureau for Medical Services, IDD Waiver QIA and ASO

Existing Compliance with the Federal Rule (for Appendix C-5 of the Application)

During the regulatory analysis, BMS identified settings or services that did not require transition. This section provides details on those settings and services and is organized by sections under the regulatory requirements for home and community based settings:

- CMS Descriptions for Institutional Settings and Qualities and Guidance on Settings that May Isolate Individuals
- Provider Controlled Setting Elements to Assess per New Federal Requirements
- Plan of Care Requirements for Modifications or Restrictions of a Participant’s Rights; and
- Conflict of Interest Standards.

CMS Descriptions for Institutional Settings and Qualities and Guidance on Settings that May Isolate Individuals

- The following IDD services are compliant with, or not subject to, the regulation as it relates to settings within the IDD waiver: Service Coordination and Patient-Centered Support. Additionally, the Respite: Agency service clearly specifies that it is not available in medical hospitals, nursing homes, psychiatric hospitals or rehabilitative facilities located either within or outside of a medical hospital which is in full support of the characteristics outlined in rule.
- Services offered in both the ADW and TBI waiver appear to be offered in non-institutional settings compliant with the regulation.

Provider Controlled Setting Elements to Assess per New Federal Requirements

- The state code for the IDD waiver provides clear guidance surrounding bedroom size, furnishings and quality and goes beyond what is typical for similar regulation found in other states.
- The state code for the IDD waiver also requires licensed behavioral health centers to be accessible and compliant with Title III of the Americans with Disabilities Act.
- Supported Employment Services within the IDD waiver “are services that enable individuals to engage in paid, competitive employment, in integrated community settings. The services are for individuals who have barriers to obtaining employment due to the nature and complexity of their disabilities. The services are designed to assist individuals for whom competitive employment at or above the minimum wage is unlikely without such support and services and need ongoing support based upon the member’s level of need.” This service is fully compliant with community integration standards outlined in the requirements.

Plan of Care Requirements for Modifications or Restrictions of a Participant’s Rights

- The ADW has participant-directed goods and services that align with CMS HCBS guidelines and address person centered requirements.
- The IDD system has a broad and very easy to understand member handbook that can be used to build upon West Virginia person-centered practices.

- The IDD waiver manual provides a broad list of rights granted to waiver participants. These address more general, program-wide protections rather than rights associated with or pertaining to any particular service.
- The TBI waiver manual provides a broad list of rights granted to waiver participants. These address more general, program-wide protections rather than rights associated with or pertaining to any particular service. Additionally, Chapter 512 of the Provider Manual indicates that goals and objectives are “focused on providing services that are person-centered, that promote choice, independence, participant-direction, respect, and dignity and community integration.”
- For all three waiver programs, the role of the Human Rights Committee (HRC) appears to provide a firm foundation to the overall protection of basic rights and any restrictions needed to ensure health and welfare.
- The Service Coordination service supports the requirements of the HCBS rule in principle given that the definition specifies that along with the member, service coordination is “a life-long, person-centered, goal-oriented process for coordinating the supports (both natural and paid), range of services, instruction and assistance needed by persons with developmental disabilities...designed to ensure accessibility, accountability and continuity of support and services.... also ensures that the maximum potential and productivity of a member is utilized in making meaningful choices with regard to their life and their inclusion in the community”.

Conflict of Interest Standards

- The ADW and TBI waiver program includes guidance that prevents entities and/or individuals that have responsibility for service plan development from providing other direct waiver services to the participant.
- The current language for the TBI and ADW waiver programs appear to meet the requirements of CMS.

Phase II

Provider Assessment Survey

As part of this transition plan development process, all providers will be required to complete a web-based provider assessment survey (Appendix G and H). The purpose of the survey is to identify potential sites or settings that risk being noncompliant with the final rule. The survey has been drafted and will be finalized (pending approval from the Secretary) by March 30, 2015. The survey will then be circulated from 4/1/2015 to 10/1/2015. As surveys are completed, BMS will review the submitted information and conduct site visits for sites or settings that are not compliant. The anticipated timeframe for site visits is 10/1/2015 to 9/30/2016.

Individuals and Family Members Survey

In addition to surveying providers of waiver services, BMS will also survey individuals receiving waiver services and their family members (Appendix J and K). The survey for individuals in receipt of waiver

services and their families will primarily be conducted through a handout survey (with follow-up reminders). To develop the survey, BMS solicited input from state agency partners overseeing waiver service implementation. The survey collection period will remain open and during the state's five year transition period from 4/1/2015 to 6/30/2020.

Appendix A: Public Notice

Information about the Public Notice and comment time period was published to the WVDHHR, Bureau for Medical Services HCBS Page: <http://www.dhhr.wv.gov/bms/hcbs/Pages/default.aspx>

The URL for the public notice was: <http://www.dhhr.wv.gov/bms/hcbs/HCBSSTP/Pages/default.aspx> .
The public notice language is below.

Home and Community Based Services Information About New Rule

The Centers for Medicare & Medicaid Services (CMS) recently released new regulations and guidance on the delivery of home and community-based services (HCBS) offered through Medicaid waiver programs. Through this new rule, CMS intends to ensure that individuals receiving HCBS through Medicaid waivers have full access to integrated, community living including receiving services in the most integrated setting possible. To increase understanding of the rule for individuals receiving services, family members and providers, the West Virginia Bureau for Medical Services will post information and relevant materials on this webpage.

To fully implement the new rule from CMS, West Virginia must submit a transition plan for the each Medicaid waiver offering HCBS to ensure compliance of the new rule. The Bureau for Medical Services is soliciting comments on the draft Transition Plans until **December 26, 2014**. There is one transition plan for each waiver. The transition plans will be combined into one Statewide Transition Plan. Comments from the public will be used to complete the final Statewide Transition Plan to submit to CMS.

Please email WVWaiverTransitions@wv.gov to submit comments and indicate to which waiver(s) your comments pertain or mail comments to:

Bureau for Medical Services
ATTN: WV HCBS Waiver Transition Plan
(Indicate the waiver(s) to which the comments pertain)
350 Capitol Street, Room 251
Charleston, WV 25301

Links to the draft Statewide Transition Plan, waiver-specific transition plans and other supporting documents for review are provided in the links below.

Draft Transition Plans

[Public Notice](#)
[Statewide Transition Plan](#)
[ADW Transition Plan](#)
[I/DD Waiver Transition Plan](#)
[TBI Waiver Transition Plan](#)

Current waivers

Aged and Disability Waiver (<http://www.dhhr.wv.gov/bms/hcbs/ADW/Pages/default.aspx>)

Intellectual/Developmental Disabilities Waiver
(<http://www.dhhr.wv.gov/bms/hcbs/IDD/Pages/default.aspx>)
Traumatic Brain Injury Waiver
(<http://www.dhhr.wv.gov/bms/hcbs/TBIWS/Pages/TBIWS.aspx>)

General Background Information

[CMS Fact sheets on Home and Community Based Services](#)
[HCBS Advocacy \(Information for advocates about new HCBS rules\)](#)

If you have any questions or comments, please email the West Virginia Bureau for Medical Services at WVWaiverTransitions@wv.gov or call 304-356-4892

Appendix B: Supplemental Form used at Public Forum

Form for Additional Comments (Front)

Thank you for attending today's meeting! The West Virginia Bureau for Medical Services will take your feedback from today and incorporate it into the final plan. If you have additional comments, please complete this form and mail to:

Bureau for Medical Services
ATTN: WV Transition Plan
350 Capitol Street, Room 251
Charleston, WV 25301

Comments on Statewide Transition Plan:

Comments on Aged and Disability Waiver Transition Plan:

Form for Additional Comments (Back)

Comments on Traumatic Brain Injury Waiver Transition Plan:

Comments on Intellectual/Developmental Disabilities Waiver Transition Plan:

Other Comments:

Appendix C: Distribution Lists used for Public Notice Dissemination

An announcement about the public notice was sent to the following distribution lists:

- All IDDW Providers
- All TBI providers
- IDDW Quality Improvement Advisory Council
- IDDW Specialized Family Care / West Virginia UCEDD
- WV Development Disabilities Council
- Olmstead Council stakeholders
- West Virginia Advocates (TBI and ADW) (email and posted on their Facebook)

A copy of the announcement is below:

Please send the following announcement to all IDDW and TBI providers, the quality councils and any other interested stakeholders today. Also, I need you to keep a copy of whoever you send the announcement to and send to me for verification that these groups were notified. Thanks.

On behalf of the Bureau for Medical Services, APS Healthcare is notifying you the WV Statewide Waiver Transition Plan has been posted for public comment until December 26.

2014. You may comment on the entire plan which includes all three Waivers {ADW, IDDW and TBIW} or you may comment on the individual waivers.

You have four ways to make a comment and the particulars of how to do this are in the posted Transition Plan:

- 1. Respond by email*
- 2. Respond in writing*
- 3. Call the Bureau for Medical Services*

Attend the Public Hearing on Dec. 15, 2014 from 1-3 pm at the Bureau of Senior Services in Charleston, WV.

*Please go to this website to view the public notice by clicking the blue PUBLIC NOTICE letters:
<http://www.dhr.wv.gov/bms/hcbs/Pages/default.aspx>.*

Please post this in a visible site at your agency and please ask your workers to share this with the members they serve. All members will have an opportunity to complete a survey within this next year.

Thank you!

If you have questions regarding this email, please contact [name] at [phone number].

Copies of the emails and distribution lists are below (email distribution lists to advocates and individual stakeholders are not included).

- IDDW/TBI/ADW Provider Lists are below
 - List 1
 - 'bhite@afnrv.com'; 'jguire@achcinc.org'; 'rkiley@achcinc.org'; 'gperkins@achcinc.org'; 'jmessenger@achcinc.org'; 'lstruble@achcinc.org'; Adkins, Mary; Boris, Karen; Britton, Jennifer; Bruer, Kevin; Craig, Sharla; Combs, Tabitha; Deutsch, Melissa; Eva, Jennifer; Forbes, Melissa; Hayes, Catherine; Hudnall, Kenneth; Jamnick, Rebecca; McGurty, Lori; Miles-Schwartz, Kristi; Miller, Samuel; Oscanyan, Nora; Recknagel, Barbara; Ruppert, Joshua; Shamblin, Tami; Snyder, Helen; Schell, Kay; Thomas, Jeremy; Wilson, Lisa; Workman, Erica; Powell, Amber; Lowe, Michael; Holliday, Nicole; 'champaignlori@yahoo.com'; 'ddkelly@archc.com'; 'stutlerhollie@yahoo.com'; 'cptc1408@yahoo.com'; 'bridgetshreve@yahoo.com'; 'armsteadtrish@yahoo.com'; 'jbailey@archthreeivers.org'; 'sfile@archthreeivers.org'; 'arc3@archthreeivers.org'; 'kdingess@archthreeivers.org'; 'phillips@autismgroup.org'; 'torrey.baker@autismgroup.org'; 'apatnaik@autismgroup.org'; 'mike@autismwv.org'; 'tom@autismwv.org'; 'barbara@autismwv.org'; 'jmoss@autismwv.org'; 'mjohnson@autismwv.org'; 'jadkins@autismwv.org'; 'amber.belknap@gmail.com'; 'angiemccomas@hotmail.com'; 'samwmbhswv@gmail.com'; 'Cynthia.E.Beane@wv.gov'; 'mary.g.mcquain@wv.gov'; 'patricia.s.nisbet@wv.gov'; 'taniua.r.hardy@wv.gov'; 'kcollins@mulberrystreetmanagement.com'; 'rdesmond@mulberrystreetmanagement.com'; 'jhillman@mulberrystreetmanagement.com'; 'wallen@mulberrystreetmanagement.com'; 'cturrentine@mulberrystreetmanagement.com'; 'rmcelrath@mulberrystreetmanagement.com'; 'dparrucci@mulberrystreetmanagement.com'; 'ksmith@mulberrystreetmanagement.com'; 'pgoheen@mulberrystreetmanagement.com'; 'nbrolin@mulberrystreetmanagement.com'; 'willperkins@childhswv.org'; 'stuck@childhswv.org'; 'jwindon@childhswv.org'; 'thickman@childhswv.org'; 'chris.messenger@csiww.com'; 'greg.messenger@csiww.com'; 'jmcbrc93@yahoo.com'; 'randalcsml.com'; 'donnaturner-csm@outlook.com'; 'hayleighsmom6@hotmail.com'; 'k.hagedorn@dailycompanionsinc.com'; 'l.fox@dailycompanionsinc.com'; 'dci@dailycompanionsinc.com'; 'b.ball@dailycompanionsinc.com'; 'e.bricker@dailycompanionsinc.com'; 'dcandw@frontier.com'; 'kellison@datswv.com'; 'srtomblin@gmail.com'; 'cwatson@datswv.com'; 'rconner@eastridgehs.org'; 'pmacom@eastridgehs.org'; 'rhite@eastridgehs.org'; 'kcuster@eastridgehs.org'; 'kblake@fmrs.org'; 'dcoulter@fmrs.org'; 'jhamrick@fmrs.org'; 'tking@fmrs.org';

'mmays@fmrs.org'; 'mredman@fmrs.org'; 'ssimpson@fmrs.org';
'globalaccessllc@gmail.com'; 'erichyett@hotmail.com'; 'burice@mix.wvu.edu';
'kevin.ed@frontiernet.net'; 'rbosley_hcssc@yahoo.com'; 'blondee202@hotmail.
com'; 'amandahcsw@comcast.net'; 'jnshcsw @comcast.net';
'mbhagg@comcast.net'; 'jryanh.c.s.w@gmail.com'; 'btm41383@gmail.com';
'dclark@healthways inc.com'; 'rgable@healthwaysinc.com';
'dszeligo@healthwaysinc.com'; 'kprice@healthwaysinc.com';
'kwhitehouse@healthwaysinc.com'; 'tstemple@healthwaysinc.com';
'tlewis@healthwaysinc.com'; 'jklobucar@healthwaysinc.com'; 'hcil@sudden
linkmail.com'; 'jackiepurkey@yahoo.com'; 'vburdette@int-res-
inc.com'; 'esmith@mountainheartwv.org'; 'lmorgan@ int-res-inc.com';
'rvance@int-res-inc.com'; 'cstafford@int-res-inc.com'; 'iri@int-res-inc.com';
'jstanley@int-res-inc.com'; 'jccoajcdirector@frontier.com';
'jsassi@jcdcworks.com'; 'cgreening@jcdcworks.com'; 'rcurtis@jcdcworks.com';
'scorso@jobsquadi nc.org'; 'bellwig@jobsquadi nc.org';
'cwilson@jobsquadinc.org'; 'tkline@jobsquadinc.org';
'djenkins@jobsquadinc.org'; 'lanab8504@yahoo.com'; 'tbryant@lmamh.org';
'mlayne@lmamh.org'; 'dcooke@lmamh.org'; 'jlakes@mainstreamservices.org';
'deana_prince@yahoo.com'; 'dprince@mainstreamservices.org'; 'rprince@main
streamservices.org'; 'deb.mitchell@midvalleyhealth.com';
'lbishop@northwoodhealth.com'; 'mark.games@corp.northwoodhealth.com';
'tferrell@northwoodhealth.com'; 'dmitchel@northwoodhealth.com';
'enolan@northwoodhealth.com'; 'mgust@northwood health.com';
'emodar@northwoodhealth.com'; 'angela.richards@mol inahealthcare.com';
'bgoldstein@nhrsi.org'; 'mhopkins@nhrsi.org'; 'james.a.cooper@wv.gov';
'jarbuckle@suddenlinkmail.com'; 'stalbott@suddenlinkmail.com';
'ahinkle@suddenlinkmail.com'; 'ghemelt@paceenterprises.org';
'jstrakal@paceenterprises.org'; 'tgasior@paceenterprises.org';
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Appendix D: Public Comments Received

Below is the table of comments on transition plans received during the period of 11/26/14 – 12/26/14.

ID	Date (date received)	Mode (email, phone, public meeting, other)	Waiver (ADW, I/DD, TBI, Statewide)	Comment (feedback submitted)	Response and/or Action Steps
1	11/24/2014	Email	(Not indicated)	<p>The draft plan states “Develop strategies for moving away from more congregate employment to naturally occurring learning environments and access to community activities and events”.</p> <p>We use supported employment as much as possible in our small, rural community. However, opportunities are sparse. Our facility has various departments which include both people with and without diagnosed disabilities. We have customers in and out of our building every day for the purpose of purchasing goods/services and using our UPS site.</p> <p>So I guess our question is, “What is the magic equation that determines if we are integrated or not?”; “What percentage of non-disabled, non-support staff, workers do we need to have before we are considered integrated?” Also, “Where do our DRS clients fall into play here? Are they included in the ‘disability’ count even if they are not being paid a commensurate wage?”</p> <p>If all of our Waiver members must access the community via supported employment, many of them will not be able to retain employment at our facility. Our Waiver employees look forward to attending our facility where they can work, socialize with their coworkers, and earn a paycheck. They most assuredly look forward to their work much more than most people who do not have diagnosed disabilities, making it a shame to jeopardize it.</p>	<p>This comment and the questions raised in it will be taken under consideration and possibly addressed in future transition plans and/or information offered through Action Item 5 of the Remedial Actions section.</p>

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1	11/24/2014	Email	(Not indicated)	<p>The only adjustment we can think of to get our Waiver employees out into the community more is to introduce volunteerism billed under facility based day habilitation training. Many businesses who are not interested in using our supported employment services may welcome volunteerism. However, this would not be an acceptable alternative for those Waiver employees with a higher level of social inappropriateness (sexual, behavioral, or otherwise) or those whose mobility prevents them from easily accessing the community. Not to mention those Waiver employees who do not desire to work in the community. Some type of signed waiver from the guardian stating their desire to remain at the facility would appear to be a good solution to this. Our purpose is to provide those with disabilities competitive employment in the community, but when this is not available or feasible, we need an alternative. Right now, our alternative is having the remaining employees work for a fair commensurate wage inside the facility completing various tasks in various departments with people who have various levels of functioning.</p>	<p>This comment and the points raised in it will be taken under consideration and possibly addressed in future transition plans and/or information offered through Action Item 5 of the Remedial Actions section.</p>
2	12/12/2014	Email	(Not indicated)	<p>My comments are more general. From what I read - I still don't see where coverage is given to children with Autism, no matter what the parents' income is. That is what I want to see. My son has been rejected 3 times for Medicaid because we make "too much ". We are unable to get him therapy outside of school because we just can't afford it. Our private insurance up till now has only allowed 20 therapy sessions per year, and a \$25 copay for each one. Our new insurance will cover as many as needed but that is after deductible is met and then a 20% coinsurance. Also - I would like to see more phone lines available for people to call with questions. Every time over the course of a week when</p>	<p>This comment falls outside of the scope of the Transition Plan</p>

ID	Date (date received)	Mode (email, phone, public meeting, other)	Waiver (ADW, I/DD, TBI, Statewide)	Comment (feedback submitted)	Response and/or Action Steps
				<p>I obtained to call to see if there was some other way I could get coverage for my son - the line was busy. Didn't matter what time of day - or if I redialed 10 times in a row. It is a shame that my son is being punished for his parents being married. If I was a single mom this wouldn't even be an issue, and that is just sad.</p> <p>PLEASE!!! Open up the Medicaid coverage to all children with autism, no matter the parents' income.</p>	
3	12/16/2014	Email	(Not indicated)	<p>We are heading in the right direction with self-direction. Agency cannot keep staff and I do not trust staff with my non-verbal child. I do not understand the necessity of Case Management when we choose PPL. Our children live in least restrictive environment with family, friends, and neighbors in own community. Is this not MRDD Waiver is for?. If child is with family We should not be to have case management, TC, BA all through PPL.</p>	This comment falls outside of the scope of the Transition Plan
4	12/18/2014	Email	I/DD	<p>The stated timeframe does not appear to be as aggressive as it needs to be to assure State compliance with the Home and Community Based Settings rule.</p>	This Transition Plan is designed as a more high-level overview of the state's plans to comply with the CMS Final Rule. More detailed and specific action items and timelines will be included in future Transition Plans.
4	12/18/2014	Email	I/DD	<p>According to the CMS Statewide Transition Plan Toolkit, plans should include specific timeframes for identified actions and deliverables. Most of the time frames for the WV Plan are not specific, but encompass the entire five years.</p>	More specific timeframes and actionable items will be released in future versions of the Transition Plan.

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4	12/18/2014	Email	I/DD	Other states' plans we have reviewed appear to have sequential action steps and timeframes. They also have completion dates well before the required date of compliance. How will compliance be monitored if most actions include an end date of June 30, 2020?	Compliance will be monitored throughout the five year period. Specific timeframes and actionable items surrounding compliance will be released in future versions of the Transition Plan.
4	12/18/2014	Email	I/DD	The Council is interested in seeing the results of the review of regulations and other documents reported to have been completed by the [consultant], along with the recommendations for changes to be made. Those documents should be made available to the public.	Lewin's work was under Action Item 1 of the Assessment section of the Transition Plan. Action Item 5 has been added to the Transition Plan to say: 5. "Post findings from the review of Action Item 1 and aggregate survey results to the website"
4	12/18/2014	Email	I/DD	No specificity is given regarding how the surveys for providers and/or individuals and families will be conducted.	Action Items 3 and 4 of the Assessment Section are updated to include survey methods: via web and mail.
4	12/18/2014	Email	I/DD	Other than surveys, what other methods will the State use to determine settings are or are not in compliance with the new standards?	Specific timeframes and actionable items surrounding compliance will be released in future versions of the Transition Plan. This will include how setting compliance will be

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					determined.
4	12/18/2014	Email	I/DD	A survey, combined with actual visits to sites, can determine setting compliance, but how will the internal workings (person-centered planning, the choices an individual is entitled to make about a variety of things, etc.) of a setting be evaluated for compliance?	The state will consider using site visits as a compliance evaluation method. Specific timeframes and actionable items surrounding compliance will be released in future versions of the Transition Plan.
4	12/18/2014	Email	I/DD	It is good that a listing of settings with their level of compliance will eventually be available on the Bureau's website.	Thank you for this comment.
4	12/18/2014	Email	I/DD	Training for licensure/certification staff on new settings requirements is good, as is the strengthening of enrollment/re-enrollment procedures for providers.	Thank you for this comment.
4	12/18/2014	Email	I/DD	Various means of providing training for providers and enrollment staff is good.	Thank you for this comment.
4	12/18/2014	Email	I/DD	Of grave concern is the fact that no training is mentioned for individuals/families who use HCBS services. How will they become aware of the changes that will occur, why their services and the locations of their services may be changing, what services will and will not be allowable under Medicaid HCBS, etc.? Who will be responsible for providing them necessary information in an un-biased manner?	Action Item 2 of the Remedial Actions section is updated to include individuals and families as audiences of training. The state will present the information.

ID	Date (date received)	Mode (email, phone, public meeting, other)	Waiver (ADW, I/DD, TBI, Statewide)	Comment (feedback submitted)	Response and/or Action Steps
4	12/18/2014	Email	I/DD	Re # 12. It is understandable that particular attention would need to be paid to regulations governing group homes to ensure community characteristics are reflected. The issues concerning day habilitation and related settings should be address in a separate action item. It seems self-evident that facility-based day habilitation settings will not meet the new rule requirement.	CMS published guidance addressing non-residential settings under the HCBS Final Rule following the publication of the Transition Plan. Future versions of the Transition Plan will incorporate this guidance and a new action item(s) will be added to reflect the guidance.
4	12/18/2014	Email	I/DD	How will monitoring for transition to compliance be carried out, and by whom? This will certainly be a large task. Will the DHHR/BMS be hiring additional staff whose responsibilities are solely to address this component of the Plan?	Specific timeframes and actionable items surrounding compliance will be released in future versions of the Transition Plan. This will include how setting compliance will be staffed.
4	12/18/2014	Email	I/DD	Since the Bureau's Money Follows the Person initiative (MFP) does not specifically serve people with intellectual and other developmental disabilities, what "lessons learned" will be used regarding people served through the IDD Waiver? If this transition plan intends to build upon the MFP initiative, is the initiative being expanded to serve populations not previously included?	The state will consider including I/DD as a population served by MFP. In the meantime, MFP on both the national and state levels has important lessons learned and insights to HCBS that will be included in the state's implementation of the Final Rule.

ID	Date (date received)	Mode (email, phone, public meeting, other)	Waiver (ADW, I/DD, TBI, Statewide)	Comment (feedback submitted)	Response and/or Action Steps
4	12/18/2014	Email	I/DD	From the wording in "Remedial Actions" # 18 and other items in the Transition Plan, it appears the "stakeholder group" identified is only providers. Individuals served, and their families, are certainly also stakeholders.	Action Item 18 is designed specifically for provider stakeholders. An additional Action Item is added to be more inclusive: "Convene a cross-disability workgroup to identify solutions for compliance that represents all stakeholders including individuals, families, advocates and providers, among others". This is Action Item 7 of the Stakeholder Engagement section. To further address this, Action Item 4 is added to the Stakeholder Engagement section: Reach out to individuals, families and organizations representing these groups to increase the understanding of the rule and maintain open lines of communication.

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4	12/18/2014	Email	I/DD	More thought should be given to find ways to solicit public input, as well as to keep stakeholders informed throughout the process. The announcement posted on the Bureau's website does not stand out in any way and is now buried halfway down the list of numerous items. How will people know to look for announcements on the website, and what other methods will be used to inform stakeholders, particularly people who use Waiver services and/or their families? While the internet is one platform to use to solicit input and to keep people informed, there must also be other means.	CMS requires two public comment opportunities. The online public notice and the public meeting held 12/15/14 satisfy the CMS requirement.
4	12/18/2014	Email	I/DD	Stakeholder engagement actions are concentrated on provider agencies. There are over 4500 individuals served by the IDD Waiver alone, along with family members, advocates, people on the waiting list, and others who may have an interest in the program in the future. Any intentions for any stakeholder engagement for these people are missing from this Plan. How does the Bureau intend to involve them in the transition process? How will they be informed of progress made? How will they be involved in training and other opportunities in order to have the information they need to make informed decisions about services?	Action Item 7 of the Stakeholder Engagement section and Action Item 2 of the Remedial Actions section are added/modified to include individuals and families. In future Transition plans, actionable items will be included that target individuals and families.
4	12/18/2014	Email	I/DD	There is a concern that providers are currently being permitted to develop and open more service settings that clearly do not and will not meet the requirements of the HCBS rule, even after the Centers for Medicare and Medicaid Services (CMS) Rule that will not allow Waiver funds to be used in those settings was finalized. What is being done to prevent those settings from being approved by the State?	Action Item 5 of the Remedial Actions section includes FAQs as an outreach avenue. Future FAQs will address these questions.

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4	12/18/2014	Email	I/DD	The DD Division does not appear anywhere in this draft Transition Plan. Do they not have a role to play in this process?	The Division of Intellectual and Developmental Disabilities does not manage waivers and thus would not be involved in the implementation of the Transition Plan or the HCBS Final Rule.
5	12/18/2014	Email	Statewide	Overall - [Organization] is highly concerned that BMS is planning to take fourteen (14) months to assess its own system. This is a system that has been in place for decades, with the exception of the TBI Waiver. BMS has access to the licensure reviews done at a CMS mandated minimum every two years by OHFLAC so they certainly have no difficulty identifying who the providers of services are and what facilities are included under each provider's license to provide services. Similar information exists for the Bureau of Senior Services and the Aged and Disabled Waiver Services and TBI Waiver services, even though those providers are not all behavioral health providers, but are typically home health agencies instead. Between its ASO contractor, APS Healthcare, (does all three waivers) its Personal Options fiduciary contractor, PPL, (does all three waivers) and its contract with Molina to process billing for the Waiver services BMS has an exhaustive and extensive data base available to them going back years from which it should be able to extract data to identify all of the service providers and facilities for which they issue Medicaid payments. This is of even more grave concern given that in November WVBMS announced to the IDD Waiver providers that BMS is being mandated to cut \$43,000,000 from the IDD Waiver budget. These cuts appear to be targeted at direct services to waiver members. If	Per CMS requirements, all waiver service providers must be evaluated. The fourteen month timeline has been identified as sufficient and appropriate by the state and will continue to operate over this timeline.

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				<p>money is of such concern certainly there is none to be wasted on duplicative information collecting activities to meet CMS requirements for the new rule. While [Organization] recognizes that assessment of each program/facility is required in reality the only program where an extensive assessment is necessary is for the most part the IDD Waiver as both other waivers already provide the majority and possible all of their services in people's homes or in integrated community settings. Only IDD waiver has multiple programs conducted and paid for in segregated settings. So why is it necessary to delay the assessment phase completion by taking a total of fourteen (14) months to do it?</p>	
5	12/18/2014	Email	Statewide	<p>The impact of this unnecessarily lengthy assessment phase is that it will deny people using the waiver access to integrated, community based services as required by CMS for a longer period of time than is necessary. This seems unreasonable and should be reconsidered. While we realize this is a labor intensive process to survey each provider/location and evaluate it, the CMS rule states in several places there is an expectation for the states to be effective and efficient in the application of this mandated transition process. [Organization] contends that the Assessment section fails to meet these two CMS expectation</p>	<p>The state believes its stated action items and approach is in compliance with the CMS Final Rule and associated guidance. This comment will be taken under consideration in future Transition Plans.</p>

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5	12/18/2014	Email	Statewide	1. General # 2. (Self-assessment Survey) - (1) [Organization] believes the time frame of eight (8) months for this Action Item is excessively long and demonstrates a lack of efficiency as required in the CMS rule. CMS has already provided an on-line assessment tool so there is no need to engage in a lengthy and costly process to develop an assessment tool as stated in the Action Item. It is difficult to envision why it will take eight months to collect provider responses to the self-assessment tools provided to them. Since Action Item 4 is preparing the list of settings it would appear the eight month period in Action Item 2 does not include analysis of data, only collection. It would seem reasonable to expect self-assessments could be distributed, completed and collected back from all providers in sixty days or less.	The survey timeline has been identified as sufficient and appropriate by the state and will continue to operate over this timeline. Action Item 2 is meant to include data analysis. Action item 2 is updated to include "Perform analyses of survey responses."
5	12/18/2014	Email	Statewide	Most of this could be done electronically. [Organization] is concerned that the plan does not state that the completion of self assessments is mandatory for all HCBS service providers for all locations. Data will only be reliable and meet CMS requirements if it includes every service/setting and all providers are mandated to report. .	The survey is available online. All providers are mandated to complete the survey. The state will issue guidance to providers via Action Item 5 of the Remedial Action section.
5	12/18/2014	Email	Statewide	General # 3. (1) [Organization] is concerned that this Action Item is too vague. Is it addressing current (and possibly unacceptable) services or proposed new services? Why would resources be spent asking/reporting from consumers on services that do not meet the HCBS rule? What is the purpose of this survey since it is not required by the HCBS rule? Will there be data from every HCBS service recipient? How is this data going to be collected and used? Typically voluntary surveys result in a return rate of 10-30 percent. Research shows those who are either very happy or very unhappy with the subject matter of	Action Item 3 is designed to identify potentially non-compliant settings through reporting from individuals and families. This comment will be taken under consideration as the state pursues fielding the survey.

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				the survey respond to non-mandatory surveys. This creates a sample far too small and too skewed to be used as reliable data for accurate decision making. Using inaccurate data is more problematic than using no data because if you use bad data for program design and decision making you can pretty much expect to get bad results.	
5	12/18/2014	Email	Statewide	(2) Why is this step necessary given current BMS budget constraints, including the requirement from the governor to cut total Medicaid spending by ten (10) percent? The CMS mandated transition plan is by definition a costly process and one not necessarily planned for in the budget prior to release of the rule by CMS. WVBMS has already announced to providers in November that BMS will be cutting forty three (43) million dollars from the current /DD Waiver budget. The I/DD Waiver has a wait list of eligible consumers' approaching 1,000 individuals, the majority of whom can be expected to wait five (5) years or more before they receive a slot. The A&D Waiver frequently runs a waiting list. Is it prudent and necessary to add this expense to the transition plan when it is not specifically required by CMS?	This comment will be taken under consideration as the state pursues fielding the survey per Action Item 3.
5	12/18/2014	Email	Statewide	(3) Why is a survey necessary to get this information? It should already be available to BMS from their ASOs, contractors and Medicaid payment processing data This appears to be a duplication of effort, which is contrary to the efficiency intent statements of the CMS rule.	Action Item 3 is designed to identify potentially non-compliant settings through reporting from individuals and families. This data is not otherwise collected and allows individuals and families to identify non-compliant providers.

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5	12/18/2014	Email	Statewide	(4) The time frame does not make sense. It allows two (2) months to develop the survey. It does not mention implementing and analyzing the survey? Is that part of the plan? Why does it take 8 (eight) months to survey provider programs of which there are many fewer and only two (2) months to survey participants of whom there are probably between the three waivers about 30,000 individuals?	Action Item 3 will collect data over a five month period, not 2. More specific action items will be released in addition to Action Item 3 in future Transition Plans.
5	12/18/2014	Email	Statewide	General # 4 - (1) [Organization] believes that one of the stated CMS required categories of settings has been omitted from this Action Item; settings that meet the residential and non-residential CMS requirements. Hopefully this is an oversight and WVBMS does anticipate there are existing programs that meet this requirement of the CMS rule.	Action Item 4 is updated to say: 4. Prepare a list of settings that meet the residential and non-residential requirements, those that do not meet the residential and non-residential requirements, may meet the requirements with changes, and settings West Virginia chooses to submit under CMS heightened scrutiny. The list will be distributed to provider agencies and posted to the website.
5	12/18/2014	Email	Statewide	(2) [Organization] believes this Action Item does not meet the intent of the CMS rule. It is our interpretation in reviewing multiple sources of information about the CMS HCBS rule that this work was supposed to be done before the transition plan was written and prior to public comment so the transition plan could address the actual transition work that needs to be done rather than offering a theoretical construct of how to get to the point of identifying the	WV BMS believes this Action Item does meet CMS requirements. This comment will be taken under consideration in future Transition Plans.

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				facts of what needs to be done.	
5	12/18/2014	Email	Statewide	(3) Why will it take BMS fourteen months to prepare this list? That is an excessively long period of time and again certainly does not take into consideration CMS' expectation of efficiency and effectiveness in this transition work. It is important to keep in mind these are not new service providers or new services. They have been billing WVBMS HCBS for years for the most part and one would hope BMS would be knowledgeable about the services they have been paying for.	WV BMS believes this Action Item does meet CMS requirements. This comment will be taken under consideration in future Transition Plans.
5	12/18/2014	Email	Statewide	Remedial Actions Overall Comments: (1) [Organization] is concerned that WVBMS does not plan to actually begin any remedial actions targeted at providers of client services for sixteen months from the start of the transition plan. We are recommending no more than four to six months for assessment and then commencing immediate action plans for remediation.	WV BMS believes the timelines included in the Remedial Actions section do meet CMS requirements. This comment will be taken under consideration in future Transition Plans. More specific action items and timelines will be included in future Transition Plans.

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5	12/18/2014	Email	Statewide	<p>(2) For at least the IDD Waiver compliance with the CMS HCBS rule this is a significant game changer and will require a major overhaul in the service delivery systems it currently exists in order to comply with the new rule. Unfortunately, WVBS' plan for compliance does not appear to recognize that this is a major opportunity to recreate the IDD Waiver service delivery system so it can become a truly community based, client centered program. There is a critical stage of this transition into the new rule totally omitted from the action plan. What supports and training are going to be provided to the service providers to help them envision and create new service delivery models? Employment rather than segregated workshops and facility based day activity programs are good examples. In states that have successfully transitioned into integrated, supported and customized employment programs the state government has provided education, training and incentives to behavioral health service providers for development of new service delivery models focused around employment. That is totally missing from this transition plan. It is extremely short sighted to assume the kind of systemic change required by these new CMS rules, especially for the IDD Waiver will "just happen" at the service provider end of the equation. This implementation of the new rule will carry a significant price tag for WVBS. It should be designed in a way that gets more results than the same old segregated services under a new spin off corporation of an existent behavioral health services provider with a new storefront location that has the appearance of being integrated into the community. Riding around town with staff all day in a vehicle for community based day habilitation is not integrated community based services either. [Organization] is very concerned that these two alternatives</p>	<p>This Transition Plan is designed as a more high-level overview of the state's plans to comply with the CMS Final Rule. More detailed and specific action items and timelines will be included in future Transition Plans.</p>

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				<p>as well as choices being made by providers to totally stop doing day habilitation in the community because it is not effective for their bottom line will be the result of the transition plan as it is currently written. This will have the unintended and unplanned for consequence of waiver members losing services that they current have.</p>	
5	12/18/2014	Email	Statewide	<p>(3) We are concerned that despite major changes in service delivery there is a very uncompromising position being taken by BMS that there will not be any changes in rates to accompany the changes in services: This is particularly of concern regarding employment services. Job development and other essential functions in developing competitive and supported employment opportunities for people using HCBS are not basic direct care staff level services. They require an entire additional knowledge/training base. Making these services billable at the same rate as taking clients to Wal-Mart shopping is going to lead to failure of these programs. [Organization] does not believe that the intent of the CMS rule is to substitute riding around in the community all day -for sittings in a segregated day program all day. We believe the intent of the CMS rule is to enhance the quality of life for the</p>	<p>This Transition Plan is designed as a more high-level overview of the state's plans to comply with the CMS Final Rule. More detailed and specific action items and timelines will be included in future Transition Plans.</p>

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				<p>individuals using HCBS. However if there is going to be real change in these programs it is going to have to be very deliberately built into the transition plan with clearly delineated expectations for outcomes. That is totally lacking in this transition plan as it is written at this time.</p>	

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5	12/18/2014	Email	Statewide	<p>(4) We are concerned that there is a heavy emphasis on training licensure/certification agencies, ASOs etc. to identify and act upon non-compliance by providers, but there is very little emphasis in the the plan to support direct service providers in developing successful transition plans from their current services to services that will meet the new CMS rule requirements. There is training provided for treatment planning and client centered services and client rights, all of which is necessary and important. However, training on the actual service models/options/opportunities that will replace existing services seems to be nonexistent? It appears all of the responsibility to figure out how to develop, and implement a new system is on the individual providers? [Organization] believes that is a very dangerous and unrealistic approach that can be predicted to have less than successful results down the road. Given all of the various major changes from Department of Labor, especially the Companion Care rule, CMS, ACA requirements to offer health care to employees when providers employ 50 or more workers, WV minimum wage laws etc. that are assailing behavioral health and home health service providers in the immediate future, [Organization] strongly recommends that BMS in conjunction with the appropriate agencies within WVDHHR give serious consideration to entering into a collaborative working relationship with the WV Behavioral Health Providers Association and service providers, advocates and others who can assist to truly develop a client centered and productive service delivery system using these Medicaid dollars rather than winding up with a fragmented service delivery system based on whatever each provider decides is their best avenue to fiscal survival under the new rules. One of the undesirable outcomes of that approach is</p>	<p>This Transition Plan is designed as a more high-level overview of the state's plans to comply with the CMS Final Rule. More detailed and specific action items and timelines will be included in future Transition Plans.</p>

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				<p>that there will be significant inequities in what services are available in what geographic regions of the state, rather than a comprehensive service delivery system that is reasonably seamless across the state and available to all members. There is a real window of opportunity here. It will be a significant mistake not to take advantage of it and create and move forward with a real vision for the HCBS of the future in WV. We are also concerned that these impending changes may force smaller providers out of business because they cannot afford to continue to. operate. This would create major problems because it would remove the availability of consumer choice of services and providers in some parts of the state, especially very rural areas where choice is already limited. This would potentially leave current members without services and force parents who are employed to provide services through service provider agencies to consider personal options (self-directed) services, not because this. is what they want to do, but because it will be personal options or no services. While [Organization] appreciates the value of the personal options choice being available to members• we are also very aware this is not the best choice for every individual and it concerns [Organization] greatly that families are already being forced into this choice, not because they are asking for .it, but because of decisions made by providers not to continue employing parents are putting members into a situation when they cannot identify any other choices to continue to receive services.</p>	

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5	12/18/2014	Email	Statewide	Action Items-Remedial Actions Item # 1: (1) The Action Item does not make sense as written. What is it actually saying? To change licensure (and possibly) certification processes [Organization] believes it is necessary to have the legislature change state code for those areas that need to be changed since the licensure regulations are contained in state code. This is not a function that can happen as stated in any permanent way based on BMS incorporating assessment outcome data into the existing processes. This is not a function that [Organization] believes can be done by any waiver quality council; nor should it be expected that they be involved in this process since their role is advisory and licensure and certification are legal, not advisory requirements.	Action Item 5 of the Remedial Actions section includes FAQs as an outreach avenue. Future FAQs will address these process-oriented questions.
5	12/18/2014	Email	Statewide	(2) The second part of the statement is that they (licensure? Unclear who they is) will identify existing settings that do not meet the requirements of the rule. Wasn't that already completed in the assessment phase which ended 12/30/15? Why would licensure or certification processes be doing this when BMS already did it In terms of new providers/programs wouldn't that screening occur at the time of the application process reaches WVBMS requesting CON agreement before it ever gets to licensure initially?	WVBMS will consider this comment in the development of future Transition Plans surrounding Action Item 1.
5	12/18/2014	Email	Statewide	Item # 2: [Organization] finds a five (5) year period for training licensure/certification staff absurd. Why would that under any circumstances take five years?	Action Item 2 will take place over five years. Training will take place on an ongoing basis-not just after five years. Future Transition Plans will include more specific Action Items and timelines on training.

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5	12/18/2014	Email	Statewide	Item # 3 : While enrollment and re-enrollment procedures may need to be changed, the CMS rule already contains the requirements for compliance. Why would it take six (6) years to strengthen existing procedures when all the requirements are already known and in writing?	Action Item 3 will take place over five years. Training will take place on an ongoing basis- not just after five years. Future Transition Plans will include more specific Action Items and timelines on enrollment and reenrollment procedures.
5	12/18/2014	Email	Statewide	Item # 4- Webinar series: Plan is missing an important element. Who is the target audience for this webinar? Why will it take five (5) years? What is the purpose? Rules already exist. Is this cost effective and necessary?	Action Item 4 will take place over five years. Webinars will take place on an ongoing basis- not just after five years. Future Transition Plans will include more specific Action Items and timelines on webinars.
5	12/18/2014	Email	Statewide	Item # 6 - train enrollment staff -Isn't this part of # 3? Why would this take 5 years? Again, this is another demonstration of lack of concern about being cost effective, timely and efficient.	Action Item 6 will take place over five years. Training will take place on an ongoing basis- not just after five years. Future Transition Plans will include more specific Action Items and timelines on training. Heightened scrutiny is separate from simple

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					compliance/non compliance and will be addressed through Action Item 6.
5	12/18/2014	Email	Statewide	Item # 7 - training for providers- Much of this already exists, why would it take 5 years to develop it? It states "include" - include in what? All of this is already required for I/DD waiver providers under the current IDD Waiver manual?	Action Item 7 will take place over five years. Training will take place on an ongoing basis- not just after five years. Future Transition Plans will include more specific Action Items and timelines on training.
5	12/18/2014	Email	Statewide	Item #8 - These are two very separate groups and very separate activities, but seem to be lumped together as one activity?	Action Item 8 is now Action Items 8 and 9:
5	12/18/2014	Email	Statewide	Item #9 -quality measures - [Organization] is particularly disturbed by statement a ... We are well aware that in the upcoming IDD Waiver application WVBMS plans to reduce choices, particularly in the area of choice of roommate and setting which will force numerous members, if it is approved by CMS, to change their living arrangements to continue to receive services. We consider that a reduction in quality measures and yet in this plan WVBMS is writing as if they uphold the right to choice in these issues. We object to something being in this plan which WVBMS knows at the time they write the plan they do not intend to carry out if they are permitted to make the changes they have announced they are planning to make. Again why would this process take 5 years?	Now Action Item 10, this will take place throughout the five year period- not just at the end. WVBMS will consider this comment in the development of future Transition Plans and in the overall implementation of the Final Rule.

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5	12/18/2014	Email	Statewide	<p>Item #10- As a permanent member of the IDD Waiver QA/QI Council [Organization] has concerns with this as it is written. We have no idea what the words "expand upon" the QIA Councils means. While monitoring data makes sense in the advisory role of the councils; we monitor lots of data, how or why would the Councils establish a baseline of outcomes? What are we measuring? This exceeds the advisory capacity of these Councils. Monitoring data is appropriate and within the ascribed role of the Councils, however, being responsible for establishing baselines and measuring implementation is not an appropriate role for the QIA Councils. A different group (ASO?) should be doing this and summarizing that data and presenting it to the Councils.</p>	<p>WVBMS will consider this comment in the development of future Transition Plans surrounding Action Item 11 (previously 10).</p>
5	12/18/2014	Email	Statewide	<p>Item #13 &. Transition plan approval - [Organization] absolutely disagrees with this time line. It is totally unnecessary to give providers 5 years to develop their transition plan. This is not addressing the actual implementation of transition, but just the development of a plan to do it. Our understanding of the CMS requirements is that these transition plans must be fully implemented and in full compliance in five years or less. How can the real work of compliance be completed if BMS gives 5 years for a provider to write the plan to come into compliance?</p>	<p>Providers will not have five years to submit transition plans. Now Action Item 14, the approval process will be an ongoing process. More specific guidance and action items will be included in future Transition Plans and guidance under Action Item 5 of the Remedial Actions section.</p>
5	12/18/2014	Email	Statewide	<p>Item # 14: (1) Time line makes no sense. Provider assessments according to the written plan will be completed no later than 12/30/15. Then BMS is going to take up to five years to send formal letters to providers notifying them of the need to do a transition plan for specific settings? This certainly does not make sense. It also does not appear to meet the CMS requirements. In reading the CMS rule these things have</p>	<p>Now Action Item 15, this will be an ongoing process throughout the five year period. Letters will be sent throughout the period- not at the end.</p>

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				to be completed at the very latest in five years. How can the CMS time line be met using this plan?	
5	12/18/2014	Email	Statewide	<p>Item #21- [Organization] is very concerned about the language used in this statement. Why are we transitioning from "congregate employment" to "naturally occurring learning environments ...events"? While [Organization] totally supports community based learning and productive leisure and other community activities if a person is employed and the facility they are employed in can no longer be a waiver provider because it is a segregated setting that person should be assisted in obtaining new employment integrated in the community, not shifted into community day activities of a leisure nature so behavioral health providers can continue to bill for services. WV has one of the lowest disability employment rates in the country and the highest SSI, SSDI and disability rates in the country. There is an absolute lack of willingness by WVDHHR, WVBHFF and the WV Bureau of Developmental Disabilities to make the types of commitments to employment first initiatives that are occurring in other states. This transition to comply with the CMS CBHS rule is a once in a life time opportunity to shift to a serious effort to support disability employment in WV and BMS can play a pivotal role in making this happen. [Organization] is urging BMS to assure that the action plans you approve for transitioning services from segregated to integrated settings require a strong emphasis on employment and limits payment for day time activities such as riding in the car and going to Wal-Mart all day.</p>	This is now Action Item 22. WV BMS appreciates this comment and will take it under consideration as it considers provider transition plans.

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5	12/18/2014	Email	Statewide	<p>Action Items – Public Input, Stakeholder Engagement and Oversight: [Organization] is very concerned about the current state of the relationship between WVBMS and the stakeholder community, especially the service providers. Any time a system embarks on major change such as the changes to the three Medicaid waivers in WV, success is always predicated upon strong collaboration between stakeholders, including members using the services, providers of the service and funders of the service. At the current time the relationship between WVBMS and the behavioral health providers who provide IDD Waiver services is severely strained at best and frequently antagonistic. There has been a gradual destruction of these relationships over the past five years. [Organization] sees nothing in the plan WVBMS is submitting to CMS that shows any effort to interact with providers in a collaborative and supportive way during this enormous sea of change. We are concerned that these changes will require significant changes for many providers. We support and welcome these changes and have been advocating for them unsuccessfully for many years so we see the new rule as a positive step forward and support WVBMS in implementing the rule. However we are concerned that there are things that need to be in this plan to support providers through the transition that are lacking in the plan. We are pleased that there are necessary and what appear to be positive additional training and oversight requirements in this plan. However we are very concerned that there is no consideration by WVBMS of the fiscal impact these change\$ will have on providers, especially the additional administrative and staff training costs of coming into compliance. Since no rate increases are planned, based on announcements made by WVBMS,</p>	<p>WV BMS appreciates this comment and will take it under consideration as it considers stakeholder engagement efforts and the development of more specific action items and timelines in future Transition Plans.</p>

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				<p>[Organization] is very concerned about the actual implementation of these changes. The concept of client centered services is not new and has over time, even with training, already been a hard sell in WV with for-profit providers who are focused on their bottom line.</p>	
5	12/18/2014	Email	Statewide	<p>Smaller and not for profit providers simply may not be able to absorb the costs of these major transitions. [Organization] strongly suggests that WVBMS consider what it could do to enter into collaboration with stakeholders to make this transition a true success in developing integrated; client centered services rather than a strictly bureaucratic process that further erodes the relationship between behavioral health providers and WVBMS. It will take an invested system to create integrated, client centered services, not just sets of rules.</p>	<p>WV BMS appreciates this comment and will take it under consideration as it considers stakeholder engagement efforts and the development of more specific action items and timelines in future Transition Plans.</p>

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5	12/18/2014	Email	Statewide	<p>[Organization] is very concerned that this plan was sent out for public comment without it being included with the I/DD Waiver application for the next 5 years of that Waiver. There is a direct relationship between the required CMS HCBS rule requirements and the overall structure of WV's IDD Waiver Program. However that critical relationship has been lost by putting the CMS Rule plan for compliance out for public comment in a piecemeal manner separate from planned changes in the IDD Waiver program as BMS has done. It is our understanding that the application document will not be ready for submission to CMS until February. It is not clear to [Organization] if a public comment period for the full application will be offered prior to submission of the application to CMS, or just when approval is obtained and the new IDD Waiver Manual is completed. We are highly concerned there are going to be significant cuts to services in that plan which may possibly negate Waiver member's right to client centered services and provider choice. Our concerns are based on an announcement in November by WVBMS they are requiring 43 million dollars in cuts to the IDD Waiver program as it currently exists. The stakeholder community has no idea what those planned cuts are. Much of the stakeholder community that is made up of members receiving IDD services and their support systems are not even aware these cut are being planned. It is difficult to imagine that cuts of that magnitude which are planned to target direct member services will not erode client choice and impact negatively on the concept of client centered services.</p>	This comment falls outside of the scope of the Transition Plan

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5	12/18/2014	Email	Statewide	<p>[Organization] also has a serious concern about what this plan for meeting CMS requirements for the new rule is costing BMS and where that money is coming from to get this done since it was obviously not planned into the FY 2015 BMS budget for the IDD Waiver. [Organization] raised this question at a public meeting in November and WVBMS did not respond to the questions. We are concerned that a significant amount of money has been spent on a contract with the Lewin Group to create the plan and do the assessments required without any transparency about the cost of and duration of that contract. [Organization] cannot find any information to support that it was advertised by bid which is the usual way such contracts usually are done. [Organization] feels it is very important that all of the additional costs created by CMS' mandate to comply with the new rule be made available to stakeholders as well as the source(s) of funds used to pay those costs. We feel it is also very important that WVBMS be very transparent if any of those costs are being paid for with funds in the WVBMS budget that were originally targeted to be spent for IDD Waiver member services.</p>	<p>WV BMS appreciates this comment and will take it under consideration as it considers releasing cost information surrounding the Final Rule implementation. This may be included in information offered under Action Item 5 of the Remedial Actions section.</p>
5	12/18/2014	Email	Statewide	<p>[Organization] does not understand why the transition plan fails to address the CMS requirement to transition to independent service coordination. What is the plan for compliance with this CMS requirement?</p>	<p>This comment falls outside of the scope of the Transition Plan</p>
6	12/15/14 Meeting	Public Meeting		<p>[Individual] asked if we are going to take information from certain groups and [WV BMS] said they would from everybody.</p>	<p>This is addressed in the Transition Plan, Assessment section, action items 2 and 3.</p>
6	12/15/14 Meeting	Public Meeting		<p>[Individual] said [provider] in Morgantown is not on any bus route and is segregated. [WV BMS] said it's in the facility-based day habilitation and there were only three comments regarding these facilities. [WV BMS] stated we would lose some providers over this. BMS will put timelines to</p>	<p>Addressed in Remedial Actions section, Action item 14.</p>

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				providers.	
6	12/15/14 Meeting	Public Meeting		[Individual] stated more people should be trained and [Individual] said it was incumbent on all of them to have good information to tell people of the implications of the new State Plan.	Addressed in Remedial Actions section, Action item 2.
6	12/15/14 Meeting	Public Meeting		[Individual] asked why does ADW or TBI not include employee services; Teresa stated it was not written in the TBI application and no one brought it up in public forums.	No action needed
6	12/15/14 Meeting	Public Meeting		[Individual] stated transportation is necessary for clients to receive employment offers but Susan Given said most people on TBI were not employed prior to their injuries and were drug users and that the Veterans Administration was not interested in TBI due to the estate recovery provisions.	No action needed
7	12/15/14 Meeting	Public Meeting		[Individual] stated there are a group of stakeholders missing but [WV BMS] stated they are included on the quality councils. [Individual] stated there were two missing consumers but she will send comment to [WV BMS] about it.	Follow up with [Individual] for comments from consumer, act as appropriate.
7	12/15/14 Meeting	Public Meeting		[WV BMS] said she is not sure of what they need to transition and [Individual] said she has read other State plans which are more specific.	More detailed and specific action items and timelines will be included in future Transition Plans.
8	12/15/14 Meeting	Public Meeting		[Individual] asked if they would be allowed to watch webinars and [WV BMS] said yes, and that BMS is posting them on the website.	Added to Remedial Action section, action item 4 of transition plan: "Post webinar archives on BMS website."
9	12/15/14 Meeting	Public Meeting		[Individual] asked if the quality improvement plan councils be privy to what Lewin found out and [WV BMS] said yes.	Added new item to Transition Plan: Action Item 5 of Assessment

ID	Date (date received)	Mode (email, phone, public meeting, other)	Waiver (ADW, I/DD, TBI, Statewide)	Comment (feedback submitted)	Response and/or Action Steps
					section: "Post findings from the review of Action Item 1 and aggregate survey results to the website"
9	12/15/14 Meeting	Public Meeting		[Individual] asked what does BMS expect OHFLAC to tell providers and [WV BMS] responded that she doesn't know right now since it's in the planning stages.	Addressed in Remedial Actions section, Action item 6.
9	12/15/14 Meeting	Public Meeting		[Individual] said the 21 biggest groups of people are not in congregant homes but are day rehabilitation which have differences.	Addressed in Assessment section, Action item 2. The survey controls for setting type.
9	12/15/14 Meeting	Public Meeting		[Individual] stated people didn't know what's at stake with the new plan and [WV BMS] said she was surprised no providers were at this meeting.	Addressed in Public Input, Stakeholder Engagement and Oversight section, Action item 3.
9	12/15/14 Meeting	Public Meeting		[Individual] asked what process is there for compliance and [WV BMS] said CMS has the final say on this question.	This comment will be taken under consideration as the state shares information offered through Action Item 5 of the Remedial Actions section.
9	12/15/14 Meeting	Public Meeting		[Individual] said some people have an address which makes it very easy for mail going to provider agency's mailbox and is deceptive.	Added "via web and mail" to Assessment section action items 2 and 3.

Appendix E: Statewide Proposed Transition Plan

Below is the proposed transition plan edited based on public comment and feedback.

West Virginia Bureau for Medical Services: Statewide Transition Plan

In January 2014, the Centers for Medicare & Medicaid Services promulgated a final federal rule (CMS-2249-F and CMS 2296-F) to ensure that individuals receiving long term services and supports (LTSS) through home and community based services (HCBS) programs under 1915(c) of the Social Security Act have full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal finances and receive services in the community to the same degree as individuals not receiving Medicaid HCBS.

West Virginia developed a transition plan pursuant to 42 CFR 441.301(c)(6) that contains the actions the State will take to bring all West Virginia waivers into compliance with requirements set forth in 42 CFR 441.301(c)(4-5).

West Virginia’s approach to an environmental scan and subsequent transition plan is based on core values to help individuals to access care at the right time and right place and improve West Virginia’s ability to work effectively within and across systems to ensure person-centered care. The transition plan includes action steps West Virginia intends to take over the course of the next five years across the three (3) waivers outlined in Table 1.

Table 1. West Virginia Programs with Residential and Non-Residential Components

HCBS Waiver	Services/Setting Type	Original Approval Date	Effective Date	Expiration Date
Aged and Disabled Waiver Program	<ul style="list-style-type: none"> Case Management Personal Assistance/Homemaker Service 	07/01/1985	07/01/2010	06/30/2015
Intellectual/Developmental Disabilities Waiver	<ul style="list-style-type: none"> Facility Based Day Habilitation Participant -Centered Support Respite Service Coordination Supported Employment Electronic Monitoring/Surveillance System and On-Site Response Skilled Nursing - Nursing Services by a Licensed Practical Nurse 	07/01/1985	07/01/2010	06/30/2015
Traumatic Brain Injury Waiver Services	<ul style="list-style-type: none"> Case Management Personal Attendant Services 	12/23/2011	02/01/2012	01/31/2015

The plan is organized by program component. Click the hyperlink to go to the action steps that pertain to the component of interest.

- A. [Assessment](#)
- B. [Remedial Actions](#)

C. Public Input, Stakeholder Engagement and Oversight

Assessment

Applicable Waiver	Compliance Area	Action Item	Start Date	End Date	Person Responsible
ADW, TBI, IDD	General	1. Conduct a review of West Virginia regulations and supporting documents across the 3 waiver programs with residential and non-residential settings.	10/20/14	11/10/14	Bureau for Medical Services
ADW, TBI, IDD	General	2. Develop and conduct a provider self-assessment survey across all three waivers; residential and non-residential via web and mail, mandatory for all providers to complete. Perform analyses of survey responses.	10/20/14	6/30/15	Bureau for Medical Services
ADW, TBI, IDD	General	3. Develop a survey for individuals and families to provide input on settings by type and location; residential and non-residential via web and mail. Perform analyses of survey responses.	10/20/14	12/30/15	Bureau for Medical Services
ADW, TBI, IDD	General	4. Prepare a list of settings that meet the residential and non-residential requirements, those that do not meet the residential and non-residential requirements, may meet the requirements with changes, and settings West Virginia chooses to submit under CMS heightened scrutiny. The list will be distributed to provider agencies and posted to the website.	10/24/14	12/30/15	Bureau for Medical Services
ADW, TBI, IDD	General	5. Post findings from the review of Action Item 1 and aggregate survey results to the website	2/1/15	12/30/15	Bureau for Medical Services

Remedial Actions

Applicable Waiver	Compliance Area	Action Item	Start Date	End Date	Person Responsible
ADW, TBI, IDD	Provider Remediation - Residential	<ul style="list-style-type: none"> Incorporate the outcomes of the assessment of settings within existing licensure and certification processes to identify existing settings as well as potential new settings 	1/2/16	6/30/16	Bureau for Medical Services with assistance from individual Waiver Quality Councils

		in development that may not meet the requirements of the rule.			
ADW, TBI, IDD	Outreach and Education	<ul style="list-style-type: none"> Provide training to licensure/certification staff, individuals and family members on new settings requirements. 	7/1/15	6/30/20	Bureau for Medical Services and the appropriate Waiver's Administrative Services Organization (ASO)
ADW, TBI, IDD	Provider Remediation	<ul style="list-style-type: none"> Strengthen enrollment and re-enrollment procedures to identify settings that may have indicators of non-compliance and require more thorough review. 	10/20/14	6/30/20	Bureau for Medical Services and the appropriate Waiver's Administrative Services Organization (ASO)
ADW, TBI, IDD	Outreach and Education	<ul style="list-style-type: none"> Conduct a webinar series to highlight the settings requirements (residential, non-residential including principles of person-centered planning). Post webinar archives on BMS website. 	7/1/15	6/30/20	Bureau for Medical Services, appropriate Waiver QIA and ASO
ADW, TBI, IDD	Outreach and Education	<ul style="list-style-type: none"> Provide strategic technical assistance by issuing fact sheets, FAQ's and responding to questions related to the implementation of the transition plan (action steps, timelines, and available technical assistance). 	7/1/15	6/30/20	Bureau for Medical Services, appropriate Waiver QIA and ASO
ADW, TBI, IDD	Outreach and Education	<ul style="list-style-type: none"> Provide training to enrollment staff to heighten scrutiny of new providers/facilities. 	7/1/15	6/30/20	Bureau for Medical Services, appropriate Waiver ASO and Office of Health Facility and Licensure (OHFLAC), if applicable
ADW, TBI, IDD	Outreach and Education	<ul style="list-style-type: none"> Develop and include ongoing provider training on rights, protections, person-centered thinking, and community inclusion. 	7/1/15	6/30/20	Bureau for Medical Services, appropriate Waiver QIA and ASO
ADW, TBI, IDD	Outreach and Education	<ul style="list-style-type: none"> Provide training to quality improvement system on new settings outcomes measures and 	7/1/15	6/30/20	Bureau for Medical Services, appropriate Waiver QIA and ASO

ADW, TBI, IDD	Outreach and Education	<ul style="list-style-type: none"> Update applicable Member Handbooks to strengthen person centered HCBS requirements. 	7/1/15	6/30/20	Bureau for Medical Services, appropriate Waiver QIA and ASO
ADW, TBI, IDD	Quality	<ul style="list-style-type: none"> Quality Measures <ul style="list-style-type: none"> a. Develop or revise on-site monitoring tools to meet compliance (e.g. opportunities for “informed” choice, choice of roommate and setting, freedom from coercion). b. Include outcomes measures on settings within the current 1915c waiver quality improvement system. c. Build community character indicators within the 6 CMS Quality Assurances reviewed through the provider self-review process. 	7/1/15	6/30/20	Bureau for Medical Services, appropriate Waiver QIA and ASO
ADW, TBI, IDD	Quality	<ul style="list-style-type: none"> Expand upon the QIA council to include responsibility to monitor data associated with meeting transition plan action items and outcomes data. Establish a baseline of outcomes data and measure throughout transition plan implementation. 	7/1/15	6/30/20	Bureau for Medical Services, appropriate Waiver QIA and ASO
ADW, TBI, IDD	Quality	<ul style="list-style-type: none"> Crosswalk quality assurance tools against settings characteristics and person-centered planning requirements to identify areas of potential enhancement to the quality improvement system. 	7/1/15	6/30/20	Bureau for Medical Services, appropriate Waiver QIA and ASO
IDD	Policies and Procedures	<ul style="list-style-type: none"> Modify regulations to ensure community characteristics are reflected across IDD waiver services with particular attention on ISS, group homes and specialized family care homes as well as facility based day habilitation. 	7/1/15	6/30/20	Bureau for Medical Services, IDD Waiver QIA and ASO
IDD	Provider Remediation	<ul style="list-style-type: none"> Develop a transition plan approval process which 	7/1/15	6/30/20	Bureau for Medical

		requires the provider to submit progress reports on the implementation of the specific setting identified.			Services, IDD Waiver QIA and ASO
IDD	Provider Remediation	<ul style="list-style-type: none"> Prepare a formal letter indicating the need for the provider to develop a transition plan for EACH setting. Include guidance and a template transition plan that requires action steps and timelines for compliance. 	7/1/15	6/30/20	Bureau for Medical Services, IDD Waiver QIA and ASO
IDD	Provider Remediation	<ul style="list-style-type: none"> Develop a plan to manage non-compliance with the transition plans submitted by providers (e.g. disenrollment, sanctions). Include a decision flow and timeline within the management plan. Connect the plan with the quality improvement system. Assist providers in either becoming compliant or being terminated as a provider of HCBS because they are unable to become compliant. 	7/1/15	6/30/20	Bureau for Medical Services, IDD Waiver QIA and ASO
IDD	Provider Remediation	<ul style="list-style-type: none"> Using lessons learned from the state's MFP program, develop a process for helping individuals to transition to new settings as appropriate. 	7/1/15	6/30/20	Bureau for Medical Services, IDD Waiver QIA and ASO and WV MFP
IDD	Provider Remediation	<ul style="list-style-type: none"> Building upon the MFP program, develop a housing strategic plan to address the potential need for transition to new housing as well as prepare the LTSS system for future need. 	7/1/15	6/30/20	Bureau for Medical Services, IDD Waiver QIA and ASO and WV MFP
IDD	Provider Remediation	<ul style="list-style-type: none"> Work with the stakeholder group to <ul style="list-style-type: none"> c) identify challenges and potential solutions to support provider changes that may be necessary. d) develop a toolkit for provider use that includes housing resources and person-centered planning strategies. 	7/1/15	6/30/20	Bureau for Medical Services, IDD Waiver QIA and ASO and WV MFP
IDD	Provider Remediation	<ul style="list-style-type: none"> Require provider owned or controlled residences to ensure residents rights are protected by legally binding agreements (lease or other). 	7/1/15	6/30/20	Bureau for Medical Services, IDD Waiver QIA and ASO and WV

					MFP
IDD	Provider Remediation	<ul style="list-style-type: none"> Develop template leases, written agreements or addendums to support providers in documenting protections and appeals comparable to those provided under West Virginia landlord tenant law. Ensure that written language describes the required environment to comply such as locked doors and use of common areas. 	7/1/15	6/30/20	Bureau for Medical Services, IDD Waiver QIA and ASO and WV MFP
IDD	Provider Remediation-Non-Residential	<ul style="list-style-type: none"> Develop strategies for moving away from more congregate employment to naturally occurring learning environments and access to community activities and events. Build upon the supported employment model by including more person-centered and inclusionary supports including access to a variety of settings for participants to interact with non-disabled individuals (other than those individuals who are providing services to the participant) to the same extent that individuals employed in comparable positions would interact. 	7/1/15	6/30/20	Bureau for Medical Services, IDDW QIA, ASO and WV Employment First through WV Developmental Disabilities Council

Public Input, Stakeholder Engagement and Oversight

Applicable Waiver	Compliance Area	Action Item	Start Date	End Date	Person Responsible
ADW, TBI, IDD	Oversight	1. Convene a subcommittee across the WV Bureau for Medical Services to monitor the implementation of the transition plan.	10/20/14	6/30/20	Bureau for Medical Services
ADW, TBI, IDD	Oversight	2. Develop a communication strategy to manage the public input required by the rule as well as ongoing communication on the implementation of the transition plan. Adapt the strategy to different audiences including state legislators.	10/20/14	6/30/20	Bureau for Medical Services
ADW, TBI, IDD	Stakeholder	3. Reach out to providers and	10/20/14	6/30/20	Bureau for

	Engagement	provider associations to increase the understanding of the rule and maintain open lines of communication.			Medical Services and other stakeholder associations
ADW, TBI, IDD	Stakeholder Engagement	4. Reach out to individuals, families and organizations representing these groups to increase the understanding of the rule and maintain open lines of communication.			
ADW, TBI, IDD	Stakeholder Engagement	5. Create a space on an existing state website to post materials related to settings and person-centered planning.	10/20/14	6/30/20	Bureau for Medical Services
ADW, TBI, IDD	Stakeholder Engagement	6. Develop and issue required public notices. Collect comments and summarize for incorporation in the transition plan and within communication tools (e.g. FAQs).	10/20/14	6/30/20	Bureau for Medical Services
ADW, TBI, IDD	Stakeholder Engagement	7. Convene a cross-disability workgroup to identify solutions for compliance that represents all stakeholders including individuals, families, advocates and providers, among others	6/1/15	6/30/20	Bureau for Medical Services

Appendix F: Cover Letter for Provider Surveys (ADW, TBI, I/DD)

In January 2014, the Centers for Medicare and Medicaid Services (CMS) issued the Medicaid Home and Community-Based Services (HCBS) settings final rule (CMS-2249-P2). The final rule establishes requirements for home and community based services provided under section 1915(c) of Medicaid HCBS waivers. The intent of the rule is to “ensure that individuals receiving services and supports through Medicaid’s HCBS programs have full access to the benefits of community living and are able to receive services in the most integrated setting.” The rule encourages service providers to focus on outcomes and community inclusion. Within the next five years, the new regulation seeks to ensure all settings are:

“Integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.”

West Virginia Department of Health and Human Resources has developed a self-assessment tool to identify the settings in which HCBS is currently offered and to determine next steps for compliance with the new Federal regulation. Although some settings may already offer services that promote community inclusion, other settings may need to make changes to allow full community inclusion. This assessment will help the state identify specific settings that require additional support to promote inclusion. It will not be used to penalize settings that are not yet in compliance.

Service providers play an integral role in the state Medicaid system to ensure individuals receive the necessary services and supports. By completing this assessment, you will assist the state in gathering information on the HCBS settings covered under the [Name] Waiver. This information, along with additional data sources, such as provider applications and licensure reviews, will be used by the state to develop a transition plan for areas not in compliance with the final rule that must be submitted to CMS.

Thank you in advance for your time for completing this assessment.

Please contact [name] at [email address] or [phone number] if you have any questions.

Appendix G: Provider Survey Questions for ADW/TBI (draft)

Home and Community Based Settings: A Self-Assessment Tool for TBI/ADW Providers

In January 2014, the Centers for Medicare and Medicaid Services (CMS) issued the Medicaid Home and Community-Based Services (HCBS) settings final rule (CMS-2249-P2). The final rule establishes requirements for home and community based services provided under section 1915(c) of Medicaid HCBS waivers. The intent of the rule is to “ensure that individuals receiving services and supports through Medicaid’s HCBS programs have full access to the benefits of community living and are able to receive services in the most integrated setting.” The rule encourages service providers to focus on outcomes and community inclusion. Within the next five years, the new regulation seeks to ensure all settings are:

“Integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.”

West Virginia Department of Health and Human Resources has developed a self-assessment tool to identify the settings in which HCBS is currently offered and to determine next steps for compliance with the new Federal regulation. Although some settings may already offer services that promote community inclusion, other settings may need to make changes to allow full community inclusion. This assessment will help the state identify specific settings that require additional support to promote inclusion. It will not be used to penalize settings that are not yet in compliance.

Service providers play an integral role in the state Medicaid system to ensure individuals receive the necessary services and supports. By completing this assessment, you will assist the state in gathering information on the HCBS settings covered under the Traumatic Brain Injury Waiver/Aged and Disabled Waiver. This information, along with additional data sources, such as provider applications and licensure reviews, will be used by the state to develop a transition plan for areas not in compliance with the final rule that must be submitted to CMS.

Compliance with assessment completion

Failure to complete the assessment may result in corrective action consistent with the terms of the provider agreement and may jeopardize your standing as an approved (TBI, ADW, IDD) Waiver Provider.

Timeline

The assessment(s) for each type and address must be completed by <insert date>.

Assessment Instructions

Providers should complete this assessment for each setting type and address by re-entering the assessment link. The assessment will take you approximately 15 to 30 minutes to complete.

Thank you for taking the time to complete the West Virginia Provider Self-Assessment on the new Federal Home and Community Based Settings Regulations.

Demographic Questions:

1. What is your organization/agency name?

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2. Who should we contact for more information?

Name	E-mail
Title	Phone Number

3. What is your address (*street and zip code*?).

Street address	Zip Code
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4. How many individuals receive services under the Traumatic Brain Injury Waiver/Aged and Disabled Waiver within this setting?

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Residential settings:

5. Do any of the following characteristics apply to your location? (circle Yes or No)

Location is on the property of an institution	Yes	No
Location is adjacent to an institution	Yes	No
Location is a Personal Care Home	Yes	No
Location is a Skilled Nursing Facility	Yes	No
Location is an Assisted Living Facility	Yes	No
Other congregate setting Please specify:	Yes	No

If you circled “Yes” to any of these settings please complete the rest of this survey for your location.

6. Is this location designed or reserved specifically for waiver participants?
- Yes
 - No
 - Not Applicable
7. At this residential setting location, can individuals leave the home for less than 4 hours a day?
- Yes
 - No
 - Not Applicable
8. Do most activities occur between only persons receiving TBI/ADW Waiver services and paid staff?
- Yes
 - No
 - Not Applicable
9. Are there any of the following rules or restrictions for individuals you serve in this setting? (Check all that apply)
- Rules that inhibit freedom of movement outside of the setting
 - Rules or restrictions on scheduling that prevents transportation to desired community activities

- Rules or restrictions on access to family, friends and community functions
 - Rules that require group activity instead of individualized choices
 - Not Applicable
10. Do individuals at this setting have full access to ALL areas (other than rooms of other residents) of the setting?
- Yes
 - No
 - Not Applicable
11. Do individuals have full access to food not limited to scheduled meal or snack times?
- Yes
 - No
 - Not Applicable
12. Do individuals have a choice whether must they share a home?
- Yes
 - No
 - Not Applicable
13. Do individuals have a choice of roommates/housemates in shared residences?
- Yes
 - No
 - Not Applicable
14. Do individuals have a legally enforceable agreement or residency agreement that provides protections that address eviction processes and appeals?
- Yes
 - No
 - Not Applicable
15. Do individuals have any of the following: (Check all that apply)
- Their own checking account
 - Access to their own funds when they choose
 - Receive assistance to manage finances
 - None
16. Do the setting options include the opportunity for the individual to choose to combine more than one service delivery setting or type of HCBS in any given day/week (e.g. combine competitive employment with community habilitation)?
- Yes
 - No
 - Not Applicable
17. Is all information about individuals kept private? For instance, do paid staff/providers follow confidentiality policy/practices and does staff within the setting ensure that, for example, there are no posted schedules of individuals for any services, medications, restricted diet, etc., in a general open area?
- Yes
 - No
 - Not Applicable
18. Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting?
- Yes
 - No
 - Not Applicable

19. Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?
- Yes
 - No
 - Not Applicable
20. Does the setting post or provide information to individuals about how to make a request for additional HCBS, or changes to their current HCBS?
- Yes
 - No
 - Not Applicable
21. Do you have additional comments about the services/settings provided at this location?
-

Thank you for taking the time to complete this assessment! Please watch for updates to West Virginia's compliance to the rule requirements by visiting our webpage at <http://www.dhhr.wv.gov/bms/hcbs/Pages/default.aspx>.

Appendix H: Provider Survey Questions for I/DD (draft)

Home and Community Based Settings: A Self-Assessment Tool for IDD Providers

In January 2014, the Centers for Medicare and Medicaid Services (CMS) issued the Medicaid Home and Community-Based Services (HCBS) settings final rule (CMS-2249-P2). The final rule establishes requirements for home and community based services provided under section 1915(c) of Medicaid HCBS waivers. The intent of the rule is to “ensure that individuals receiving services and supports through Medicaid’s HCBS programs have full access to the benefits of community living and are able to receive services in the most integrated setting.” The rule encourages service providers to focus on outcomes and community inclusion. Within the next five years, the new regulation seeks to ensure all settings are:

“Integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.”

West Virginia Department of Health and Human Resources (DHHR) has developed a self-assessment tool to identify the settings in which HCBS are currently offered and to determine next steps for compliance with the new Federal regulation. Although some settings may already offer services that promote community inclusion, other settings may need to make changes to allow full community inclusion. This assessment will help the state identify specific settings that require additional support to promote inclusion. It will not be used to penalize settings that are not yet in compliance.

Service providers play an integral role in the state Medicaid system to ensure individuals receive the necessary services and supports. By completing this assessment, you will assist the state in gathering information on the HCBS settings covered under the Intellectual/ Developmental Disability (I/DD) waiver program. This information, along with additional data sources, such as provider applications and licensure reviews, will be used by the state to develop a transition plan for areas not in compliance with the final rule that must be submitted to CMS.

Compliance with assessment completion

Failure to complete the assessment may result in corrective action consistent with the terms of the provider agreement and may jeopardize your standing as an approved IDD Waiver Provider.

Timeline

The assessment(s) for each type and address must be completed by <insert date>.

Assessment Instructions

The assessment is applicable to both residential (Intensively Supported Setting (ISS), group homes, specialized family care homes) and non-residential (facility-based day habilitation, supported employment) settings. Providers should complete this assessment for each setting type and address by re-entering the assessment link. The assessment will take you approximately 15 to 30 minutes to complete. Thank you for taking the time to complete the West Virginia Provider Self-Assessment on the new Federal Home and Community Based Services Regulations.

Demographic Questions:

22. What is your organization/agency name?

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23. Who should we contact for more information?

Name	E-mail
Title	Phone Number

24. What is the address (*street and zip code*) for the setting you will be describing in this assessment?

Street address	Zip Code
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25. How many individuals receive services under the IDD waiver within this home/workplace?

--

26. What best describes this residential/non-residential setting?

- Facility based day habilitation
- Supported employment
- Participant Centered Support – ISS (serving 1-3 people)
- Participant Centered Support – Group homes (serving 4 or more people)
- Participant Centered Support – Specialized family care homes

<based on the answer to #4, the next page will either go to the residential or non-residential questions>

Residential settings:

1. Do any of the following characteristics apply to this specific setting? (Check all that apply)
 - Location is on the property of an institution
 - Location is adjacent to an institution
 - Location is in a Commercial property area with large vehicle/truck traffic and/or few other businesses in which to mingle or shop
 - Location is not within one block of residential homes owned by members of the general public
 - Location is more than a ½ mile from other homes and businesses that can be frequented by participants
 - Location is intermixed in a neighborhood with other homes and businesses within a 1/2 mile
 - Setting has frequent visitors from the general public
2. At this residential setting location, can individuals leave the home for less than 4 hours a day?
 - Yes
 - No
 - Not Applicable
3. Is this location designed or reserved specifically for waiver participants?
 - Yes
 - No
 - Not Applicable
4. Do most activities occur between only persons with disabilities and paid staff?
 - Yes
 - No
 - Not Applicable
5. Do individuals have any of the following: (Check all that apply)
 - Their own checking account
 - Access to their own funds when they choose
 - Receive assistance to manage finances
 - None
6. Do you have any of the following rules or restrictions for individuals you serve in this setting? (Check all that apply)
 - Rules that inhibit freedom of movement outside of the setting
 - Rules or restrictions on scheduling that prevents transportation to desired community activities
 - Rules or restrictions on access to family, friends and community functions
 - Rules that require group activity instead of individualized choices
7. Do individuals at this setting have full access to ALL areas (other than rooms of other residents) of the setting?
 - Yes
 - No
 - Not Applicable
8. Do individuals have full access to food not limited to scheduled meal or snack times?
 - Yes
 - No
 - Not Applicable
9. Do individuals have a choice whether must they share a home?

- Yes
 - No
 - Not Applicable
10. Do individuals have a choice of roommates/housemates in shared residences?
- Yes
 - No
 - Not Applicable
11. Do individuals have a legally enforceable agreement or residency agreement that provides protections that address eviction processes and appeals?
- Yes
 - No
 - Not Applicable
12. Do the setting options include the opportunity for the individual to choose to combine more than one service delivery setting or type of HCBS in any given day/week (e.g. combine competitive employment with community habilitation)?
- Yes
 - No
 - Not Applicable
13. Is all information about individuals kept private? For instance, do paid staff/providers follow confidentiality policy/practices and does staff within the setting ensure that, for example, there are no posted schedules of individuals for any services, medications, restricted diet, etc., in a general open area?
- Yes
 - No
 - Not Applicable
14. Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting?
- Yes
 - No
 - Not Applicable
15. Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?
- Yes
 - No
 - Not Applicable
16. Does the setting post or provide information to individuals about how to make a request for additional HCBS, or changes to their current HCBS?
- Yes
 - No
 - Not Applicable
17. Do you have additional comments about the services/settings provided at this location?

Thank you for taking the time to complete this assessment! Please watch for updates to West Virginia's compliance to the rule requirements by visiting our webpage at <http://www.dhhr.wv.gov/bms/hcbs/Pages/default.aspx>.

Non-residential settings:

1. Do any of the following characteristics apply to this specific setting? (Check all that apply)
 - Location is on the property of an institution
 - Location is adjacent to an institution
 - Location is in a Commercial property area with large vehicle/truck traffic and/or few other businesses in which to mingle or shop
 - Location is more than a ½ mile from other homes and businesses that can be frequented by participants
 - Location is intermixed in a neighborhood with other businesses within a 1/2 mile
 - Setting has frequent visitors from the general public
2. Do individuals in this setting work full time or part time?
 - Full time (30 or more hours per week)
 - Part time (Less than 30 hours per week)
 - Other (please specify)
3. Do individuals in this setting work in an integrated, competitive employment environment and engage in activities with the general community?
 - Yes
 - No
 - Not Applicable
4. Do individuals in this setting earn sub-minimum wage or work for free?
 - Yes
 - No
 - Not Applicable
5. Which of the following do you offer individuals you serve at this setting: (Check all that apply)
 - Individualized support based on need
 - Opportunities for community relationships or natural supports
 - Interaction with community members
 - Access to age appropriate activities and community resources
 - The ability to choose/refuse services based on individual choice
 - None
6. Do you offer opportunities for individuals to engage in activities with non-disabled community members (other than paid staff)?
 - Yes
 - No
 - Not Applicable
7. Do you offer individualized support enabling individuals to choose activities of his/her own interests within a group or individually that does not restrict or limit engagement in community activities that align with interests?
 - Yes
 - No
 - Not Applicable
8. Which of the following do you offer to individuals you serve through this setting: (Check all that apply)
 - Opportunities for individuals to volunteer
 - Receive support to find competitive employment
 - Training (i.e. job coaching)

- Postsecondary education
9. Do the setting options include the opportunity for the individual to choose to combine more than one service delivery setting or type of HCBS in any given day/week (e.g. combine competitive employment with community habilitation)?
- Yes
 - No
 - Not Applicable
10. Is all information about individuals kept private? For instance, do paid staff/providers follow confidentiality policy/practices and does staff within the setting ensure that, for example, there are no posted schedules of individuals for any services, medications, restricted diet, etc., in a general open area?
- Yes
 - No
 - Not Applicable
11. Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting?
- Yes
 - No
 - Not Applicable
12. Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?
- Yes
 - No
 - Not Applicable
13. Does the setting post or provide information to individuals about how to make a request for additional HCBS, or changes to their current HCBS?
- Yes
 - No
 - Not Applicable
14. Do you have any additional comments about your setting location?

Thank you for taking the time to complete this assessment! Please watch for updates to West Virginia's compliance to the rule requirements by visiting our webpage at <http://www.dhhr.wv.gov/bms/hcbs/Pages/default.aspx>.

Appendix I: Cover Letter for Individuals and Family Members Survey (ADW, TBI, I/DD)

The federal agency that oversees Medicaid programs, Centers for Medicare & Medicaid Services (CMS), has recently given guidance to states on how home and community-based services (HCBS) are offered at different settings. There is guidance on how HCBS are provided in a home setting and also how HCBS are provided at a work setting.

West Virginia Department of Health and Human Service (DHHS) Bureau for Medical Services (BMS) is the state agency in West Virginia that oversees Medicaid programs in the state. Some Medicaid programs offer HCBS to people who apply and are found eligible for the services. The new federal guidance on HCBS applies to the Medicaid programs that BMS oversees.

To learn more about people's experiences, BMS has developed a survey for people receiving services, their family members and advocates. The survey includes questions about how you receive HCBS in home settings and also work settings (if you work).

BMS would like to hear from you and asks that you complete the survey. The information collected in this survey will be used to help West Virginia make sure all home and work settings follow the federal guidance.

Each person only needs to fill out the survey once. Once you finish completing the survey, please mail the survey to:

Brendan Flinn

3130 Fairview Park Drive, Suite 500

Falls Church, VA 22042

Please contact Barbara Kinder at Barbara.A.Kinder@wv.gov or 304-558-1700 if you have any questions.

Appendix J: Individuals and Family Members Survey Questions for ADW/TBI (draft)

Home and Community Based Settings A Self-Assessment Tool for Individuals, Families, Guardians, and Advocates

In January, 2014, the Centers for Medicare and Medicaid Services (CMS) released requirements for home and community based settings for services funded by Medicaid within the home and workplace.

Characteristics of the home and Community
<ul style="list-style-type: none">• Part of the community (e.g. within a neighborhood next to persons without disabilities)• Active in the community with consistent interaction with persons without disabilities• Choice of roommate or private room• Landlord-tenant protections• Physical accessibility• Unrestricted access to home and lockable doors• Choice of roommates• Freedom to furnish and decorate• Control over schedule• Access to private calls, e-mail and text• Control over personal resources• Access to food anytime• Visitors anytime

The West Virginia Department of Health and Human Resources (DHHR) Bureau for Medical Services has developed a simple self-assessment tool for individuals, families, guardians and advocates to complete alerting DHHR to potential home and settings that may need attention in order to meet the CMS requirements.

Assessment Questions:

1. I am a:
 - person who receives Medicaid funded home and community based services
 - family member of a person who receives Medicaid funded home and community based services
 - friend of a person who receives Medicaid funded home and community based services
 - guardian of a person who receives Medicaid funded home and community based services
 - advocate representing persons receiving Medicaid funded home and community based services
2. I (or the person I know) receive Traumatic Brain Injury (TBI) Waiver/ADW services in the following setting(s):
 - My own home

- A family member's home
- A friends home
- Other(describe): _____

Please take a moment to respond to the following questions about the characteristics of your (or the person you know) current home or workplace.

3. Is your home in the community among other private residences or retail businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
4. Did you or your guardian have a say in where you were going to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
5. If you have roommates or housemates who are not family members, did you or your guardian choose your roommates or housemates?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
6. Do you have full access to the following areas in your home? (Check all that apply)	<input type="checkbox"/> Kitchen <input type="checkbox"/> Dining room <input type="checkbox"/> Laundry room <input type="checkbox"/> Living room <input type="checkbox"/> Basement <input type="checkbox"/> None of the above
7. When you want or need to eat, are you able to access food?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
8. Do you have privacy in your home (e.g. can talk on the phone when you want, visit with who you want)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
9. I interact with my neighbors...	<input type="checkbox"/> Multiple times per week <input type="checkbox"/> Once a week <input type="checkbox"/> A few times a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I don't have neighbors
10. Are you aware of or do you have access to, materials to become aware of activities occurring outside of the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
11. Do you receive information (by mail or word of mouth) about activities going on in your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
12. Do you have a choice of activities to participate in in the community? This	<input type="checkbox"/> Yes

includes the ability to shop, attend religious services, schedule appointments, and/oror have lunch with family and friends in the community.	<input type="checkbox"/> No <input type="checkbox"/> Not applicable
13. Do you choose where you go during the week. (e.g. grocery shopping, church, visit family/friends)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
14. Do you have friends and relationships with persons other than paid staff or family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
15. Do you volunteer, have a paid job or participate in a day habilitation program in the community?"	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
16. Do you work or volunteer at a job that employs people with and without disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
17. Do you like where you volunteer or work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
18. Do staff talk to you in the way you prefer (such as without nicknames or talking about you in front of others)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
19. Are you able to access more than one service in any given day/week?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
20. Do staff members respect your privacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
21. Is there a safe place for you to store your personal items?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
22. Are you able to access all areas of the setting, without locked doors, fences or other barriers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
23. Are you able to change or update your service preferences at will?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
24. Does the setting provide you information on how to request changes or additions to your services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
25. Do you or your guardian decide how to spend your money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

26. If you do not decide how to spend your money, why? (e.g., you have a social security payee or a power of attorney).

27. If you answered “no” to any of the questions above, please write the name and address of your provider in the space(s) below.

Provider Name	Provider Address

28. Do you have any additional comments about your services or settings that you want to share?

29. Your response is anonymous. If you would like us to know who you are, please insert your contact information below.

Name:

E-mail:

Thank you for taking the time to complete this assessment! Please watch for updates to West Virginia’s compliance to the rule requirements by visiting our webpage at <http://www.dhhr.wv.gov/bms/hcbs/Pages/default.aspx>.

Appendix K: Individuals and Family Members Survey Questions for I/DD (draft)

Home and Community Based Settings A Self-Assessment Tool for Individuals, Families, Guardians, and Advocates

In January, 2014, the Centers for Medicare and Medicaid Services (CMS) released requirements for home and community based settings for services funded by Medicaid within the home and workplace.

Characteristics of the home	Characteristics of the workplace
<ul style="list-style-type: none"> • Part of the community (e.g. within a neighborhood next to persons without disabilities) • Active in the community with consistent interaction with persons without disabilities • Choice of roommate or private room • Landlord-tenant protections • Physical accessibility • Unrestricted access to home and lockable doors • Choice of roommates • Freedom to furnish and decorate • Control over schedule • Access to private calls, e-mail and text • Control over personal resources • Access to food anytime • Visitors anytime 	<ul style="list-style-type: none"> • Part of the community (e.g. work next to business or persons without disabilities) • Active in the community with consistent interaction with persons without disabilities • Make money by accessing and seeking employment • Receive support to find competitive employment and training • Access to age appropriate activities and community resources • Opportunities for community relationships and interaction with community member • Ability to choose or refuse activities based on choice • Engagement in community activities that align with interests • Opportunities to volunteer

The West Virginia Department of Health and Human Resources (DHHR) Bureau for Medical Services has developed a simple self-assessment tool for individuals, families, guardians and advocates to complete alerting DHHR to potential home and workplace settings that may need attention in order to meet the CMS requirements.

Assessment Questions:

30. I am a:

- person who receives Medicaid funded home and community based services
- family member of a person who receives Medicaid funded home and community based services
- friend of a person who receives Medicaid funded home and community based services
- guardian of a person who receives Medicaid funded home and community based services
- advocate representing persons receiving Medicaid funded home and community based services

31. I (or the person I know) receive Medicaid funded home and community based services in the following home setting(s) (Check all that apply):

- Group home with 3-8 roommates/housemates
- Group home with greater than 9 roommates/housemates

- Intensively Supported Setting (ISS)
- Specialized family care home
- Not applicable – I receive services within my family’s home, live on my own, or have my own apartment.

32. I (or the person I know) receive Medicaid funded home and community based services in the following workplace setting(s) (Check all that apply):

- Facility based day habilitation program within a “workshop” setting
- Facility based day habilitation program not in a “workshop” setting
- Community-based day habilitation program
- Supported employment within the community
- Not applicable – I do not receive or need employment or day support through Medicaid.
- Not applicable – I do not receive employment or day support through Medicaid, but wish it was available.

Please take a moment to respond to the following questions about the characteristics of your (or the person you know) current home or workplace.

33. Is your home in the community among other private residences or retail businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
34. Is your workplace in the community among other private residences or retail businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
35. Do you work or volunteer at a job that employs people with and without disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
36. Did you or your guardian have a say in where you were going to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
37. If you have roommates or housemates who are not family members, did you or your guardian choose your roommates or housemates?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
38. I interact with my neighbors...	<input type="checkbox"/> Multiple times per week <input type="checkbox"/> Once a week <input type="checkbox"/> A few times a month <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I don’t have neighbors
39. Do you have friends and relationships with persons other than paid staff or family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

40. Are you aware of or do you have access to, materials to become aware of activities occurring outside of the home or workplace setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
41. Do you have a choice of activities to participate in in the community? This includes the ability to shop, attend religious services, schedule appointments, and/or have lunch with family and friends in the community.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
42. Do you have full access to the following areas in your home? (Check all that apply)	<input type="checkbox"/> Kitchen <input type="checkbox"/> Dining room <input type="checkbox"/> Laundry room <input type="checkbox"/> Living room <input type="checkbox"/> Basement <input type="checkbox"/> None of the above
43. When you want or need to eat, are you able to access food?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
44. "Do you volunteer, have a paid job or participate in a day habilitation program in the community?"	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
45. Did you choose where you go during the weekday (e.g. workshop, job in the community, volunteer position)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
46. Are you happy with how much money you make at your job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
47. How do you feel about how many hours you work in a week?	<input type="checkbox"/> I like the number of hours I work <input type="checkbox"/> I don't work enough; <input type="checkbox"/> I work too much; <input type="checkbox"/> I don't really care.
48. Do you have privacy in your home (e.g. can talk on the phone when you want, meet with who you want to meet with)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
49. Do staff address you in the way you prefer (such as without nicknames or talking about you in front of others)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
50. Are you able to access more than one service in any given day/week?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
51. Do staff members respect your privacy?	<input type="checkbox"/> Yes

	<input type="checkbox"/> No <input type="checkbox"/> Not applicable
52. Is there a safe place for you to store your personal items?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
53. Are you able to access all areas of the setting, without locked doors, fences or other barriers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
54. Are you able to change or update your service preferences at will?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
55. Does the setting provide you information on how to request changes or additions to your services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
56. Do you or your guardian decide how to spend your money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

57. If you do not decide how to spend your money, why? (e.g., you have a social security payee or a power of attorney).

58. If you answered “no” to any of the questions on pgs. 2-3, please note the name and address of the provider setting you are referring to in the space(s) below:

Provider Name	Provider Address

59. Do you have any additional comments about your services or settings that you want to share?

60. Your response is anonymous. If you would like us to know who you are, please insert your contact information below.

Name:

E-mail:

Thank you for taking the time to complete this survey! Please watch for updates to West Virginia's compliance to the rule requirements by visiting our webpage at <http://www.dhhr.wv.gov/bms/hcbs/Pages/default.aspx>.