

Aged and Disabled Waiver, Traumatic Brain Injury Waiver and Personal Care Program

FREQUENTLY ASKED QUESTIONS

Questions submitted by 5:00 pm on the Monday preceding the provider conference call/Zoom meeting will be addressed on that Friday's call. Responses to questions will remain in draft until addressed on the call and providers have the opportunity to provide feedback.

FAQ	DATE	TOPIC	QUESTION	RESPONSE	ADW	TBIW	PC
461	12.13.24	Rates	What is the rationale for no RN rate increase for Personal Care, but the other programs had an RN rate increase?	The Personal Care RN Rate memo was sent out on December 6, 2024. The Rate increase went from \$11.56 to \$18.76 per 15-minute unit. The effective date of the increase is retroactive to October 1, 2024.			X
460	12.13.24	Rates	Do we have an update on the rate increases for Waiver?	A memo addressing the rate changes for the Waiver Programs services and PC DCWs went out on August 22, 2024 and were effective October 1, 2024. The PC RNs were not included in the increase at that time.	X	X	X
459	12.13.24	Financial Eligibility	There have been issues with members having their financial review coming soon, but have not received the documentation in time to get all of their information together. Can we find out if there is a timeline for mailing packets?	The review notification from DoHS goes out approximately two weeks before it is due, but the benefit doesn't close for another month after that. For example, a review for January 1st benefit date will go out around November 15th and say it's due back December 1st. This is not an absolute cut-off date, however, returning it by December 1st gives the Case Worker 30 days to process. If it is returned closer to the due date, the member risks losing coverage. Some providers are calling before the 30 day deadline or telling members the case is delayed when it is not. If the case is pending for more information, such as a bank statement, the member has 60 days from the date of the application to turn it in; but the Economic Service Worker (ESW) should be processing the case in 30 days. (See question 397 for further information)	X	X	
458	12.13.24	Training	LMS learning center update	The Learning Management System consolidated the State Learning Center, and the Public Learning Center. You will continue to access the system as you always have.	X	X	X

457	12.13.24	Financial Eligibility	Regarding the Long Term Care Unit - is there going to be a change to get those eligible members up and running for those who lost services for one reason or another?	BMS has been working these on a case-by-case basis. If someone is having difficulty, such as being told the paperwork was not turned in, but in fact, it was, Program Managers have been able to communicate to get these cases opened. Any paperwork you submit, obtain a copy of it and a date stamped verification of when it was submitted. The LTC unit is making better efforts to ensure the documents are getting scanned in, in a timely manner. They do have deadlines for certain documentation and the applicant needs to meet those deadlines. There have been some members who did not receive letters for follow-up, so it is important their address is current. They can go to their local DoHS office, who are accepting the documentation, even if the member's Economic Service Worker is in another county. Please reach out to the LTC Unit first before asking for assistance from BMS.	X	X	
456	12.13.24	HHA	With members that are inactive, due to death or transferred, but keep showing up in Gainwell, how do we get them permanently off the roster? Also, if they are ported over to HHA, do we go to the HHA Representative?	The CM/PC RN should be notifying DoHS (ESW) that the member's case has been closed. It could be we have them closed in CareConnection/ANG, but they don't get closed out of Gainwell until the DoHS notifies them. At that time, they are closed in Gainwell, and Gainwell notifies HHA. Acentra Health is currently providing the names of the members who lose medical eligibility and are closed out of ADW, however, it would be helpful if the CM would notify the DoHS too.	X	X	X

455	12.13.24	Medical Eligibility	When asked to provide dual services to our members, what is the procedure?	If a waiver member, there is different criteria for each waiver to determine if they can apply for dual services with Personal Care. ADW members must be a level D, and are close to the 155 hours. TBIW members must have reached the maximum budget level. For IDDW members, a child must maximize 7,320 units per service year, and an adult must maximize 11,680 units per service year. They must also have an ICAP score of 1-4 and cannot be living in a 24 hour staffed setting. See the current waiver manuals for the process to apply for dual services. The PC Policy manual will be coming out soon for public comment and it includes the new process that is already reflected in the waiver manuals.	X	X	X
454	11.08.24	Forms	For ADW PALs, TBIW PAWs, and PC Worksheets, are PA's/DCW's required to initial services as complete, or can they check the box instead?	ADW Personal Attendants were given the option to either initial or check the box for services provided. Personal Care Direct Care Workers and TBIW PAs are required to use their initials.	X	X	X
453	11.08.24	Forms	If changes to an ADW Service Plan are received after a recent face to face meeting, is it ok to make the change on the Service Plan and initial, instead of doing an addendum and having to track down signatures?	An addendum is required, but signatures can be obtained at the next face-to-face meeting. ADW has allowed changes to be made directly on the Service Plan in the past, but this will be changing with the new manual moving forward to be in line with what other Waiver programs.	X		
452	11.08.24	Assessments	Can LPN's be used to conduct Assessments?	Using LPN's to conduct initial and annual assessments has not been approved by BMS. (Refer to question # 361 for an explanation).	X	X	X
451	11.08.24	Case Manager Qualifications	Can an LPN be a Case Manager?	No. The LPN certification does not meet the Case Manager qualifications. Case Managers must be licensed Social Worker's, licensed Professional Counselors, RN's, or possess a four-year degree in an approved Human Services field. If the degree is not on the list of approved Human Services degrees, transcripts and curriculum information must be submitted to the BMS program manager for approval and they must also successfully complete the Case Management Certification training on DoHS's LMS.	X	X	
450	11.08.24	PAL/PAW/ Worksheet	Will providers be mandated to use electronic ADW PAL's/TBIW PAW's/PC Worksheets?	BMS is looking into implementing use of electronic PAL's/PAW's/Worksheets, however, it will not be mandated that all providers use them at this time.	X	X	X

449	9.13.24	EAA	When should the PAA file a claim for approved EAA services?	After the EAA service is approved by the Operating Agency, the OA will notify the CM and the PA agency of the determination. If approved, the PA agency is responsible for claiming the EAA service, issuing payment to the vendor, and obtaining receipts(s).	X		
448	9.13.24	HHA	Once we have created a master week in HHA, how do we change the schedule if the caregiver's times and/or days change?	If you need to change the master week to reflect new times and/or dates for the caregiver, enter an end date on the current master week, then create a new one with the updated information. For additional information, refer to the attached "Creating Offices" process guide, or to the Learning Center on HHA's website.	X	X	X
447	9.13.24	Adult Medical Day Care	What is the process for requesting an authorization for members to attend adult daycare?	The authorization request form can be found on the BMS forms website: "ADW Request for Adult Daycare". First, meet with the member and determine how many days a week they would like to attend and if they prefer half-day or full-day. Also, please be sure this is noted on their Service Plan. Once this has been determined, call the daycare to see if they can accept a referral. If so, complete the one-page form and fax it to Acentra. If eligible, Acentra will process the authorization within two business days and send it to the provider. At that time, the Case Manager will coordinate with the daycare.	X		
446	9.13.24	Medicaid Fair Hearing	How do we get notified if a member is discharged but then requests a hearing to reinstate their waiver?	Providers are now notified via email when a member has requested a hearing. This way providers are aware of the hearing and be prepared to attend.	X	X	X

445	9.13.24	MNER	Do we no longer send the MNERs to the doctors for their signatures?	Signatures are still required on Initial MNERs, however, a decision was made to no longer require signatures on Annual MNERs. Case managers should ask members about any additional diagnosis or changes to the member's information, such as living arrangements, phone numbers, or new representative(s), please make sure this is updated in the system. When Acentra nurses go out to do the assessments, and information has not been updated, they can spend a lot of time tracking down the member. When they are doing the assessments, they will look at Section 23 of the PAS for new diagnosis updates or changes and will score the member based on evidence and documentation. They will also contact the doctor, if necessary, to verify the information.	X	X	X
444	8/21/2024	Non-medical transportation	What is the criteria related to transportation codes (Non-medical transportation) in the waiver/PC programs?	Transportation codes within the waiver programs are to provide transportation for the ability to run essential errands and/or community outings. It can be used to take individuals to medical appointments that ARE NOT Medicaid reimbursable. If an ADW/TBIW member has informal supports that are willing and able to provide those services, it must be addressed on the SP however informal supports ARE NOT required to do that. If a Waiver member needs/wants transportation for the purposes allowed, it needs to be provided. It is not something that a PA decides. It is an existing need of the member and should be provided. If the PA does not have a vehicle then it is the agencies responsibility to determine an alternative way to provide this service. For PC, they do not have a code to bill transportation. The DCW can provide the transportation, and bill for their time while transporting, however they are not reimbursed for the miles. Pleases note that at no time should paid staff request the member to pay for transportation under any program.	X	X	X
443	8/21/2024	Financial Eligibility	Since there are issues with financial eligibility, what is the expectation of the provider agency in relation to continuing to serve the member?	BMS prefers that individuals not lose services however we cannot say with 100% certainty to continue services as the eligibility will be retroactive. This will have to be an agency decision.	X	X	X

442	8/21/2024	HHA	Will the UK Codes be added to HHA for the live-in caregivers?	If you are billing through HHA no modifier is necessary. If you are billing outside of HHA you would use the modifier.	X	X	X
441	8/21/2024	Case Management	What should we do when members don't want us doing the in-person quarterly visits?	Quarterly visits are a requirement of the programs. For PC they are six month and annual visits. So, unless there is a good reason, such as being in a nursing home, or someone with an active case of COVID, RSV, etc., we need a justification documented. Let them know if they fail to comply with the required visits, it could jeopardize their continuation in the program. Another suggestion is to have the Case Manager/ PC RN attend a visit when the PA/DCW is there. For the Personal Options members, there may not be a schedule for the PA so the resource consultant might be a helpful contact.	X	X	X
440	8/21/2024	Billing	If we are a Case Management only, do we continue to bill through Gainwell?	Yes, for Case Management only, continue to bill through Gainwell.	X	X	
439	8/21/2024	HHA	Rendering NPI edits - when we do this through Gainwell for June and part of July, we will bump up against timely filing. Has the timely filing edit been adjusted, or will we need to appeal those?	The timely filing edit has been adjusted, therefore, you don't need to do the paper claim. However, if for some reason it doesn't get paid, circle back to April Goebel to see if there is something else needed to get the billing paid.	X	X	X
438	7/12/2024	Rates	The legislature reinstated the funds for the IDDW and TBIW budgets. Is there going to be a rate increase?	When the legislature reinstated the funds to the waiver line items, they included restrictions on when and how the funds may be used. BMS' finance team is currently working on rate increases for HCBS services and information will be shared with providers as soon as the new rates are finalized and approved.	X	X	X
437	7/12/2024	ARPA Audit	Regarding ARPA reviews, can the cost of overtime be counted for the 85% that was required to be passed through to the direct care workers?	Please refer to updated FAQs issued by Myers and Stauffer.	X	X	X
436	7/12/2024	EVV	Our agency requires all caregivers to have an NPI# and to use EVV, including the live-in caregivers. Can we bill the live-in caregivers' units through HHA or do we have to bill those units through Gainwell using the UK modifier?	Agencies that choose to have their live-in caregivers clock in/out through HHA's EVV system may bill the live-in caregivers' units through HHA instead of billing through Gainwell using the UK modifier.	X	X	X

435	7/12/2024	EVV	If a member has two workers; one that lives in the home with the member, and one who does not, can Gainwell be billed for the live-in worker?	Live-in caregivers are not required to use EVV therefore the services provided by a live-in caregiver may be billed directly to Gainwell using the UK modifier. Or, as indicated in FAQ# 436, agencies may choose to have live-in caregivers use EVV and bill those units through HHAX without using the UK modifier. Caregivers that do not live with the member are required to use EVV and those units should be billed through HHAX's system.	X	X	X
434	6/14/2024	PERS	When a member is hospitalized or in a nursing facility for an entire month, we do not allow waiver services to be billed. But, most PERS vendors will not suspend the monthly fee--makes sense because the system is still active even though the member is not at home to use it. My question is...is the agency allowed to bill Medicaid for the PERS when the member is in a hospital/nursing facility for an entire month?	In response to this question, CMS stated that the provider agency may not bill for the Personal Emergency Response System (PERS) in cases where the member was in a hospital or nursing facility for the entire month. The member must have been in their home/community at least one day during the month for the agency to bill for the service. CMS added that the member cannot be held liable for the contractual obligation if they become ineligible for Medicaid or the waiver.	X	X	
433	6/14/2024	Adult Medical Day Care	How many staff are at the Adult Medical Day Care Center and what is the maximum capacity of attendees?	The Medical Day Facility staff include an RN, a certified activity professional, as well as the necessary number of direct-care staff to maintain at least a 1-6 staffing ratio. The center can accommodate a maximum of 24 attendees. The actual number may vary depending on schedules--i.e. full-time vs. part-time.	X		
432	6/14/2024	Adult Medical Day Care	Does the ADW member have to transfer their service to attend this daycare?	A member that chooses to attend the Medical Day Care Center does not have to transfer their Personal Attendant or other services. The member may receive services through more than one agency. Additional information is available on pages 66 and 67 in the ADW Policy Manual	X		
431	6/14/2024	Adult Medical Day Care	Does Tri-State LifeCare Adult Care provide pick-up and drop off?	Tri-State LifeCare Adult Care provides transportation services to individuals that live within a 45-minute distance of the center.	X		
430	6/14/2024	Adult Medical Day Care	Where is the Tri-State LifeCare Adult Care located?	8 Stonecrest Drive, Huntington, WV 25701	X		

429	6/14/2024	Adult Medical Day Care	Can TBIW, PC, members and other individuals attend the Tri-State LifeCare Adult Care Center?	Participation in the Tri-State LifeCare Adult Care Center is not restricted to only ADW members. Others may attend as private-paying participants. The cost is \$45.00 for 1/2 day (up to 4 hours), or \$90.00 for a full day (>4 hours and up to 8 hours)		X	X
428	5/15/2024	Setting Rule	Who is responsible for the uploading he Controlled Assessments? Agency Controlled Assessments?	The CM is responsible for completing the Member Controlled Assessment and uploading the Assessment to CC/ANG. For Provider Controlled Assessments, contact the appropriate BMS Program Manager.	X	X	
427	5/15/2024	Training	How do we schedule continuing education for unlicensed Case Manager's?	Instructions were emailed to providers April 12, 2024.	X	X	
426	5/15/2024	HHA	FOBs have been backordered since February and have not been received to date.	Any questions/concerns regarding FOBs, please contact April Goebel at april.m.goebel@wv.gov.	X	X	X
425	5/15/2024	Forms	Can modifications be made to the BMS word document forms on the Website?	Additional information can be modified when completing the word document forms, but nothing can be removed from the existing form.	X	X	X
424	5/15/2024	EAA	What if an EAA request is approved but is no longer necessary or the member decides cancel the request?	Send a notification of the cancellation to the PA Agency as well as BoSS/UMC.	X	X	
423	5/15/2024	EAA	Are EAA quotes from Vendor's tax-exempt?	Luann Summers is checking on this. Medicaid does not pay taxes.	X		
422	5/15/2024	EAA	What is the process for requesting EAA?	The Case Manager is responsible for submitting the Request for EAA funds to the OA (currently BoSS). Once approved, BoSS notifies both the CM Agency and PA Agency and the PA Agency requests the funds which are payable to the Vendor. The approval email from BoSS should be attached to the billing request. All documents should be uploaded into CC. If the request is not approved, BoSS will notify the CM who submitted the request.	X		
421	5/15/2024	Forms	What if a signature is not legible on forms uploaded to CC?	If signatures on forms are not legible, please print the name below and your initials. It is important that we know who is signing the documents.	X	X	X

421	5/15/2024	MNER	Annual MNER's are no longer required to be signed. If a Physician no longer needs to sign the MNER form because they think the member needs to be in a LTC facility, how do we proceed?	If a member is in a LTC facility for 180 days they can be discharged. Also, if the LTC is a permanent move, a family member can submit in writing to discharge the member prior to 180 days. PC cases can be closed after 30 days. But you want to be sure that the member will not be returning home so it is best to wait at least 60 days unless told by the member they will not be returning and that it is ok to close the case.	X	X	X
420	4/12/2024	Adult Medical Day Care	Is the Adult Daycare service only for the Huntington Area?	At this time, yes, this is the only facility offering this service, however, we hope to see more agencies show interest and open programs throughout the state.	X		
419	3/8/2024	Forms	Since new forms were posted on the ADW forms page, do we have to go back and change all the forms already completed?	It is not necessary to change forms that have already been completed. Providers should begin using the new forms when they are posted on the BMS website.	X		
418	3/8/2024	NEMT	We have had an issue getting transportation for a member in a wheelchair.	Modivcare is curb-to-curb service. Drivers are not permitted to help members in and out of their homes. Members that need assistance may be accompanied by a caregiver but this must be communicated to Modivcare when the transportation is being scheduled. Similarly, the need to transport a wheelchair or other accommodations must be communicated in advance.	X	X	X
417	3/8/2024	NEMT	Is there a way to provide a step-by-step process for the workers to get reimbursed by Modivcare?	Modivcare is currently developing an instructional document that will be distributed to providers asap.	X	X	X
416	3/8/2024	NEMT	If an agency worker is registered with Modivcare and is scheduled to transport a member to an appointment but then is not able to provide the transportation, does Modivcare notify the member and try to secure other transportation?	The agency worker that is unable to provide the scheduled transportation should notify Modivcare as far in advance as possible. If sufficient notice is provided to Modivcare, they will attempt to secure alternative transportation and notify the member.	X	X	X
415	3/8/2024	Training	Can the WVU Direct-Care Worker Training Project and the Nicholas County Adult Education Direct Support Professional (DSP) Fundamental Training be used as initial training?	Yes, the WVU and Nicholas County training programs meet the initial training requirements for Waiver and Personal Care. Individuals that complete these training programs will be issued a certificate and the hiring agency should maintain a copy of the certificate as proof of the worker's initial training. The hiring agency will need to provide member-specific training and complete the background check through WVCARES.	X	X	X

414	3/8/2024	Rates	Why can't the money that is saved by keeping people out of nursing homes be transferred to our programs?	West Virginia does receive "rebalancing" funds for individuals that transition from an institutional setting/nursing home to a waiver program through the Money Follows the Person (MFP) Take Me Home program. These rebalancing funds are used to support HCBS programs.	X	X	
413	3/8/2024	Forms	Who should we contact regarding issuing 1099 forms?	1099 forms are issued annually to Medicaid provider agencies by Gainwell prior to January 31st. If your agency did not receive a 1099 form or has questions about the 1099, please contact your Gainwell field representative.	X	X	X
412	2/9/2024	Service Plans	What should CM's do when the PAL does not reflect the hours being provided?	The PAL should reflect when the PA arrives and leaves however, in a situation where the staff is having difficulty covering the shifts, they are covering the hours when they can, this may not be possible. If the member is agreeable to this then there is no reason why this cannot be done. There should be documentation to support what the agency is doing and why. If the member does not agree to this arrangement and the PAA cannot find a staff member, then a transfer needs to be offered to the member to an agency who can meet the member's expectations per their service level. Specific times are not required to meet the hours, frequency, and duration requirements. In this example, the check in and check out is what is constantly changing so that does require justification if a specific time cannot be reflected.	X		
411	2/9/2024	Service Plans	What should CMs do when the PAL provided does not list the service hours as discussed at the time of the review?	Frequency on the SP refers to how many days per week. Hours refer to how many hours per day. No exact times such as from 2 - 3 pm are required. The specified times that the PA arrives, and leaves is what the Nurse needs to indicate on the PAL based on the member's needs. If the times of when the PA arrives and leaves changes based on staff availability, there should be an explanation provided by the RN.	X		

410	2/9/2024	EVV	Which agency is required to install FOB's?	The original intent was for the Case Management agency to install the FOB because CMS wanted separation between the installation and billing. However, in an effort to install a FOB as soon as possible and enable agencies to begin using EVV, either agency may install them. If the Personal Attendant agency installs the FOB, the Case Management agency should verify that it was done. For Personal Care agencies, the PC RN is responsible for installing FOB's.	X	X	X
409	2/9/2024	EAA	How can ADW agencies request Environmental Accessibility Adaptations?	BMS is finalizing the process for ADW. Since ADW does not pre-authorize services, BoSS will temporarily approve applications.	X		
408	2/9/2024	Rates	Were the new HCBS rates included in the BMS budget?	No, the budget was due prior to receiving the rate recommendations. The Legislature asked for the rate study, at first only for IDD, however, BMS chose to include all programs. Once the Legislature makes a final decision, the budget will need to be adjusted to reflect any changes.	X	X	X
407	2/9/2024	Claims	Our agency had billing rejected and the message was the Diagnosis Code does not exist. How can we get this fixed?	Contact April Goebel with BMS at (304) 352-4275 or april.m.goebel@wv.gov.	X	X	X
406	2/9/2024	HHA	Our agency is still having trouble with Dual members in HHA (duplicates). Who can we contact?	Contact April Goebel with BMS at (304) 352-4275 or april.m.goebel@wv.gov.	X	X	X
405	2/9/2024	IMS	In the IMS, our agency can't see the Notes that the State Reviewer sends as 'Needs Corrections'. What do we need to do to see them?	Contact April Goebel with BMS at (304) 352-4275 or april.m.goebel@wv.gov. Sometimes, though, this can be caused by not marking the incident Complete or not completing the Incident Details page.	X	X	X
404	1/12/2024	EVV	When can we quit using the PAL and use the print out from EVV?	BMS is planning to conduct a Pilot to begin in February using the EVV system to document services/tasks listed on Service Plans/Plans of Care. If you are interested in participating, please contact April Goebel as soon as possible.	X	X	X
403	1/12/2024	EVV	Regarding the current PAL, what about live-in workers who don't use EVV and bill directly through Gainwell?	Agencies can choose to require live-in works to use EVV, but if not, they may still need to use the PAL (and PAW and Worksheet).	X	X	X
402	1/12/2024	Rates	When will we see the new rates?	The Meyers and Stauffer Rate Study was distributed to providers December 20, 2023. If approved by the WV Legislature, new rates would become effective July 1, 2024.	X	X	X

401	12/8/2023	Forms	Can agencies use the new ADW forms that are posted on the website and do we have to go back and re-do assessments and service plans that were done on the old forms?	Agencies may use the forms that are currently posted on the BMS website and you do not need to go back and re-do any assessments or service plans of other documentation if you have already completed them on the old forms. Please note: After posting some of the forms to the website, we became aware of some needed corrections, so those are being made and will be re-posted asap.	X		
400	12/8/2023	Forms	Can we re-format the pages on the new ADW forms?	Yes, you may re-format pages as long as all original questions/sections are intact. You may add things to the forms, but you cannot take anything off of them.	X		
399	12/8/2023	Rates	Regarding the Provider Rate Study, do you know if Profit versus Non-Profit agency data was segregated in any way? Rates could be very different between those two categories.	Results of the Rate Study were not broken down between For-Profit and Non-Profit agencies, although BMS does have a list of agencies that participated. In addition to the Study itself, they are currently comparing pay differentials across state lines for all positions - Personal Attendants, Direct Care Workers, RN's, Case Managers, etc., to determine comparable rates for West Virginia.	X	X	X
398	12/8/2023	Forms	On the new ADW Case Management Assessment form, asking if the member needs assistance seeking employment is new. What is the expectation of the case manager for this?	The questions regarding member employment on the ADW Case Management Assessment are a CMS directive. The expectation for the CM is to document the request on the service plan along with documenting any referrals made to agencies that may be able to assist member. There is no expectation for the CM to search for jobs, develop jobs, or provide job coaching to the member.	X		
397	12/8/2023	Financial Eligibility	Regarding Medicaid Coverage, how does an agency receive notification that Medicaid coverage was terminated?	Agencies need to check member coverage every month. Agencies may continue services at their own discretion, if they are certain that any reinstatement of Medicaid coverage would be retroactive to the date they were terminated. In addition, members are notified at least 13 days in advance, if their Medicaid coverage will be terminated on the first day of the next month. Agencies can also check member Medicaid coverage one week prior to the end of a month to see if there is an end date in the system. If coverage does stop, the agency should enter an APS report so that it is documented that there will be no staff in the home.	X	X	X

396	12/8/2023	Transfers	If a member is awaiting a transfer to PPL, do we still see members for assessments, home visits, etc.?	Yes. You are responsible for the member until the effective date of the transfer to PPL or any other agency. This also pertains to traditional member too. Agencies should not be ending services until the transfer is completed.	X	X	
395	8/11/2023	Bed Bugs	If a member has bed bugs, can we do assessments over the phone?	Please first refer to question 385 dated 04/14/23, below. In addition, CM/RN's can make arrangements to meet with members outside to complete home visits, if possible. While the CM/RN or other entity is working with the member to resolve the pest infestation, and there is a plan in place to resolve the issue, assessments may be done over the phone. Virtual assessments due to pests are not meant to go on indefinitely. Any plan in place or actions taken to resolve the issue, including any changes to the PA/DCW's work schedule, should be communicated to BMS for approval and documented accordingly.	X	X	X
394	7/14/2023	MNER	The annual MNER no longer requires to have a physician's signature, but what if they change physicians? Do we need to get a paper MNER completed with the new physician's signature?	No, you just need to update the information in CareConnection so that it reflects the new doctor.	X		X
393	7/14/2023	STP	Regarding the STP Assessment, we're not sure how to answer some of the questions that really are Not Applicable.	Please be sure you are using the most recent version of the form (V4, April 28, 2023). If you have specific questions, contact the appropriate Program Manager.	X	X	
392	7/14/2023	HHA	To clarify, as of June 1, 2023, all claims must be submitted through HHA and must include the workers NPI number?	Claims do not need to be submitted through HHA, however, they must include the worker's NPI number.	X	X	X
391	7/14/2023	Transfers	Are providers still able to take verbal confirmation from members for transfers?	Due to the end of the Public Health Emergency (PHE), many policies that were suspended due to COVID-19 will be reinstated. Signatures for transfers are required but exceptions could be made in certain circumstances, i.e.. emergency transfer.	X	X	X
390	7/14/2023	EVV	Who do we go to with questions about EVV?	Contact April Goebel with BMS at (304) 352-4275 or april.m.goebel@wv.gov.	X	X	X
389	7/14/2023	Quality Reviews	Are audits/quality reviews going to remain virtual where we have to send our documents via email or fax?	The new ADW and TBIW policies allow for both options. PC policy will be updated to match these options.	X	X	

388	5/12/2023	STP	Just to clarify, is the state wide transition plan competency training required for ADW PAs?	Yes, ADW and TBIW PA staff may take the online course that is available on the DHHR LMS site or a competency based training with competency test that is developed by the Provider Agency. ADW and TBIW CMs must take the DHHR LMS online course.	X	X	
387	5/12/2023	Training	Is there an updated training log that lists the new training yet or should we just write it on the top or bottom of the initials or annual training log?	The forms have been updated. BMS has not yet posted them as we are waiting until after the ADW/TBIW Manual 30-day comment period in case something will need to be changed on the forms. You can write it in until they are posted.	X	X	
386	4/14/2023	Training	To clarify, the 90-day temporary window for a CPR certification minus the hands-on portion, we can accept a card with that notation?	The Red Cross issues cards for on-line CPR/FA training that does not include the hands-on skills demonstrations. These cards indicate that the skills demonstrations must be completed within 90 days. These cards were accepted prior to January 1, 2023 when in-person trainings were optional due to COVID. As of January 1, 2023, new hires are to have CPR/FA training <u>including the hands-on skills demonstrations</u> prior to providing services. Existing workers that are due to renew their CPR/FA certifications, also must complete the hands-on skills demonstrations.	X	X	X
385	4/14/2023	Bed Bugs	Our agency has two members with active bed bug infestations. I cannot confirm that there is any treatment scheduled and I am having difficulty finding a PA to provide services to this member due to the bed bugs. What should we do?	First I would check to see if there are any informal supports that could assist in providing services until the infestation has been eliminated. Also you need to reference the back up crisis plan to ensure that what has been planned for that individual in the event of no PA services is being followed. If you cannot be assured that the member has a plan in place for treatment of the infestation, at the very least, the agency could perform essential errands. Suspending services could result in being cited for neglect so suspension should be a last resort solution to the issue. If you can find a worker for this member, they should be educated on procedures to follow to avoid spreading the infestation to their home and to other member homes. Some procedures that can be followed are outlined in the handouts that were emailed to providers before the last provider call. The information is also posted on the BMS website.	X	X	X

384	4/14/2023	STP	Regarding CNA's, do they need the STP and Extreme Situations training?	The State Transition Plan training for Direct Service Personnel, which includes personal attendants/direct care workers and CNA's, is required upon hire and existing caregivers must be trained by January 31, 2024. The ADW Extreme Situation Guide training requirement is not required initially for CNA's, but could be used as a part of the additional four hours of training required each year.	X	X	X
383	4/14/2023	STP	I cannot find the member controlled settings assessment. Is there a link?	The Member Controlled Setting Assessment has been updated and is included with the documents for the 4/14/2023 provider Zoom meeting. The updated assessment will be posted to BMS' website: https://dhhr.wv.gov/bms/Programs/WaiverPrograms/WVSWTP/Pages/Resources.aspx The Statewide Transition Plan brochure, competency quiz and answer key have also been updated and are included with the documents for the 4/14/2023 provider meeting.	X	X	
382	4/14/2023	COVID 19	Can we still take verbal acknowledgements from member's for transfer and discharge requests after the PHE?	Verbal transfer and discharge requests from the member/guardian continue to be allowed under the PHE and Appendix K. But, these exceptions will soon be expiring and whenever possible, agencies should obtain the member/guardian's signature on transfer and discharge requests. This will ensure there's no misunderstanding and that the member's right to choose services and service providers is protected.	X	X	X
381	4/14/2023	EVV	Our agency has several dual service members that have had 2 profiles in HHA. Recently a third profile was installed, but it is not tied to the Authorization. In addition, the profile we have been using to bill is also not the profile with the Authorization. How can we get this fixed?	BMS is aware that the agency can continue using the original member profiles but BMS is unsure how agencies would deactivate or delete the third profile. BMS is waiting for response from HHAX. Answer will be updated once response is received.	X	X	X
380	4/14/2023	FOB	Our agency received three FOB's recently. They were all in the same envelope but there were no instructions nor was there any way to tell if they were assigned to a certain member. What can we do?	HHA has simplified the FOB request process and is now sending FOBs directly to the agencies instead of first sending them to BMS. This is why the envelopes no longer include a copy of the FOB order form. Upon receipt of the envelope containing FOBs, the devices are assigned to the agency but are not yet assigned to specific members. The agency assigns one of the FOBs to a member. Please refer to the HHAX FOB EVV Process Guide.	X	X	X

379	4/14/2023	Dual Services	For dual services, an ADW agency cannot see documents in CareConnection that have been attached by a Personal Care agency and vice versa, so we will still need to send documents to the other agency via email, fax or mail, correct?	The PC agency RN is responsible to send required documents to the waiver agencies via fax, email or US mail for dual members.			X
378	4/14/2023	FOB	Regarding the installation of FOB's, if the expectation is that the Case Manager must install a FOB, and they are not scheduled to see a member for a number of weeks, what can we do?	BMS will continue to allow personal attendant agencies to install FOB's until further notice.	X	X	X
377	4/14/2023	STP	To clarify, the Case Manager has to do the STP training with the member. Does the RN have to do this training as well?	The Case Manager is responsible for conducting STP training with the member. ADW RN's are not required to take the training.	X	X	
376	4/14/2023	EAA	Is there any way to use the new EAA service for treatment of bed bugs?	BMS submitted this question to CMS and they responded that Environmental Accessibility Adaptations (EAA) is <u>not</u> to be used for bedbugs or other pest extermination. BMS is looking into adding a new waiver service--Pest Eradication--that will cover the cost of bedbug treatment. If approved, the service will be available to members that own their homes. For members that lease their homes/apartments, the landlord is responsible for bedbug/pest extermination.	X	X	

375	3/10/2023	Service Plans	Sometimes it's difficult to schedule the service planning meeting on a date that the member, Case Manager and Personal Attendant are all available to attend. Can the Personal Attendant RN meet with the member and submit the RN Assessment and Personal Attendant Log (PAL) to the Case Manager prior to the service planning meeting?	The best practice is for all to attend the service planning meeting but BMS understands this isn't always possible due to staff shortages. When necessary, the PA RN may meet independently with the member to complete the RN assessment and PAL and then provide the documents to the Case Manager. The Case Manager will subsequently meet with the member, complete the Case Manager Assessment, and develop the service plan. When possible, the PA RN will participate in the service plan meeting by phone, but this is not mandatory. Following the meeting, the Case Manager will send the signature sheet to the Personal Attendant RN who will sign and indicate they didn't attend the meeting but agree with the plan. The PA RN is responsible to provide a copy of the assessment and information to the Case Manager prior to the meeting. The PA RN must also upload the information in the UMC portal however we know that for now the Case Manager may not have access to the documents until we switch to a new portal so this is why for now copies must be made available to the Case Manager prior to the meeting.	X		
374	3/10/2023	CFCM	On the Conflict of Interest Exception Form, is the 25 miles based on the mileage between the provider agency and the member's home?	Yes.	X	X	
373	3/10/2023	Service Plans	Could you verify the Plan Period based on the new Anchor Date assessments?	Here are two examples. For a member with an Anchor Date of January 1, the Plan Periods will be January to July and July to January. For a member with an August 1 Anchor Date, the Plan Periods will be August to February and February to August.	X		
372	3/10/2023	Service Plans	Regarding a request for a service level increase, is there any way we could allow Kepro to make the determination instead of getting a statement from the member's physician? Getting statements from physicians is extremely difficult and time consuming at times.	Current policy requires a statement from a physician either on letterhead or their prescription pad. Please submit this during the public comment period for the policy manuals.	X		x

371	3/10/2023	CFCM	Regarding conflict-free case management, if our agency provides all services, CM, PA and PC, does the PC need to be conflict-free also?	If your agency provides all three services, you can provide PA and PC services to the same member, but you cannot provide CM and PA for the same member, nor can you provide CM and PC services to the same member. If there are no agencies within 25 miles of the member's home that are willing and able to accept the member who is in the conflicted situation, the CMA may apply for a Conflict of Interest Exception(s).	X	X	
370	3/10/2023	Assessments	Regarding using LPN's for assessments, is the answer yes or no?	No. Refer to question 361.	X	X	X
369	3/10/2023	Service Plans	Are assessments required to be done prior to 45 days before the Anchor Date?	No. Assessments may be completed UP TO 45 days prior to the Anchor Date. TBIW is just prior to the anchor date.	X		
368	3/10/2023	STP	Do the secretaries in our office have to take the STP training?	No. Case Managers, Direct Service Workers who are referred to as Personal Attendants in our waivers, who are the paid caregivers to the member, must take the STP training.	X	X	
367	3/10/2023	Training	Does staff training now have to be conducted face-to-face?	No, staff training can still be done virtually using the approved sites; however, the hands-on requirement for CPR training has been reinstated.	X	X	X
366	3/10/2023	Service Plans	When our agency does an initial assessment/service plan meeting for a new dual services member, do the ADW Case Manager, Personal Attendant RN and Personal Care RN meet in person?	No, the in-person meeting for an initial dual services member has been waived. This meeting may be done over the phone. All documentation must be shared so that the ADW/TBIW Service Plan and PAL/PAW/Plan of Care can be written and avoid any duplication of services.	X	X	X
364	3/10/2023	STP	What do we do if a member does not want to sign off that they have received the training or refuses to take the STP training?	Explain to the member that the training is to help them understand the requirements of the program. If they refuse to take the training or sign off that they have completed the training, document it and keep it in the member's file.	X	X	
363	3/10/2023	STP	Can case managers take the STP training any time?	Yes, it is currently posted on the DHHR LMS. But it must be completed by CMs no later than April 30, 2023. (Per the memo dated Jan. 25th that was sent to agency directors and contact person).	X	X	

362	3/10/2023	STP	Where do we find the test for the STP training?	The training and test are located on the DHHR Learning Management System (State Learning Center). Please review the memo from Randy Hill, dated January 25, 2023, for details and deadlines for the training. The link however is not correct. Here is the correct link: https://www.onlinelearning.wv.gov/student/home.html	X	X	
361	2/10/2023	Assessments	Can we use LPN's to assist with conducting member assessments?	No. This question was submitted to the LPN Board and they responded that LPNs cannot complete initial assessments. The LPN may be allowed to complete the annual and six-month assessments but these would have to be done under the supervision of an RN and under that RN's license. The LPN Board recommended that if LPNs are allowed to complete annual/six-month assessments, the supervising RN should have a signed agreement/contract with the LPN.	X		X
360	2/10/2023	Claims	Where does the NPI number go when submitting billing claims?	Please refer to FAQ# 60.	X	X	X
359	2/10/2023	CFCM	To expand on an earlier question, when agencies begin transferring members due to CFCM, they can offer either a CMA transfer or a PAA transfer, correct?	Yes, the member can choose to transfer case management, personal attendant, or personal care agencies to eliminate the conflict. ADW and TBIW members may also choose to transfer to Personal Options, if they are capable of self-direction.	X	X	X
358	2/10/2023	IMS	Regarding the IMS, why are visits to an Urgent Care considered Critical incidents?	Any injury or health issue that requires the member to make an <u>unplanned/unscheduled</u> visit to an emergency room or Urgent Care-type facility is considered a critical incident. It's understood that the reason for a visit to an Urgent Care facility may not be as serious as a reason for an emergency room visit--i.e., minor rash, cold/flu symptoms, etc., but the fact that the visit was urgent and unscheduled requires it to be reported as a critical incident.	X	X	X
357	2/10/2023	EVV	When our agency tries to enter new employees into Gainwell, the "Rendering Provider" drop-down box is not working. Is there an issue with Gainwell's system?	If you encounter problems when enrolling caregivers in Gainwell's system, please contact the Gainwell Field Representative assigned to your agency. The issue with the drop-down box could be caused by attempting to enroll the caregiver using the wrong provider type or because you are clicking on the Ordering/Referring tab instead of the Rendering Provider tab.	X	X	X

356	2/10/2023	HHA	Our agency is unable to extend our PA's schedule in HHA past three weeks and the schedule has been the same for years. Is there a way to enter schedules in the system for a longer period of time?	In HHA's system, the Master Week show two weeks out on the calendar at a time. Unfortunately, there's no way to extend the rollover period beyond the two weeks.	X	X	X
355	2/10/2023	PERS	We had a member who transferred and they wanted to keep the PERS unit from our agency. Is this allowed?	When a member transfers to a new PA agency, they will also need to transfer their PERS service to the new PA agency. If the new PA agency is using the same PERS vendor as the previous agency, the member may keep the unit and the vendor can reassign it to the new agency. But, if the new PA agency is using a different vendor, it will be necessary to switch out the unit. This is necessary to ensure the active PA agency is notified when the member uses the PERS.	X	X	
354	2/10/2023	CFCM	Who is responsible for initiating conflict-free case management with our members?	It is the Case Manager's responsibility to discuss Conflict-Free Case Management requirements with their assigned members and to coordinate transfers to new agencies as needed to eliminate any potential conflict.	X	X	X
353	2/10/2023	Case Management	To clarify the quarterly CM visits, we need to make home visits every three months or once per quarter?	Case Managers are required to make home visits once per quarter. However, it's recommended that Case Managers attempt to see members as close to every three months as possible.	X	X	
352	2/10/2023	Assessments	The Kepro nurse did an assessment on one of our members, and he is no longer eligible for the program. Do we still need to provide services?	Unless the member voluntarily chooses to exit the program, his case cannot be closed even though he has been determined to no longer meet medical eligibility requirements. He may continue to receive the same level of service that the agency has been providing. With the Public Health Emergency ending on May 11, 2023, BMS will be unwinding this and other measures put in place during the pandemic. Members that remained active despite losing eligibility during the pandemic will be notified in upcoming weeks that they are no longer eligible. The notification will include information to appeal the decision through the Medicaid fair hearing process.	X	X	X
351	1/13/2023	COVID-19	Have the signature requirements for MNERS changed since the F2F visit requirements began 1/1/23?	The COVID Form Signature Requirement Chart (Updated 12/17/21) remains in effect under Appendix K until further notice.	X	X	X

350	1/13/2023	PERS	Our agency can no longer upload new members into Gainwell. We are trying to bill for a PERS unit, but are unable to add the member to the roster.	With Kepro authorizing services, it is no longer necessary for agencies to maintain a member roster for Gainwell. To bill for a PERS unit, the agency only needs to submit the claim to Gainwell. Because the PERS has a monthly rate, please do not span-bill the date of service on the claim. Enter a single date of service and avoid billing for the service less than 30 days from the date of the previous month's claim	X	X	X
349	1/13/2023	COVID-19	Will agencies be allowed to discharge members beginning in January?	No. As long as Appendix K is in effect (currently expected until mid-October 2023), members may only be discharged due to moving out of state, member no longer desires services or for member deaths.	X	X	X
348	1/13/2023	COVID-19	To clarify, we need to begin face-to-face RN Assessments, CM Assessment and Kepro will begin face-to-face PAS assessments in January?	Face-to-face PAS assessments by Kepro are delayed (see question 347). RN and Case Management assessments are to be conducted in person beginning January 2023. If a Face-to-face meeting cannot be completed due to the member's request, please document the reason (COVID, Flu, etc.) and keep in the member record.	X	X	X
347	1/13/2023	MNER	Will MNER's still be required for PC?	At this time, PC MNER's are still required for initial and annual assessments. There is some discussion of eliminating the PC MNER for annual assessments in the new PC Policy Manual, but for now, they are still required.			X

346	1/13/2023	CFCM	<p>With the implementation of conflict-free case management in 2023, what are agencies to do when a client desires to retain their homemaker services with our agency, but no other agency in the coverage area is accepting new case management clients? Do we receive an exception to continue providing both services, or does Kepro work to set the client up with PPL for the case management portion of their services? If we can complete an exception, what are the process and documentation required?</p>	<p>To resolve the potential conflict of interest, the member may choose to transfer to a different Case Management Agency or may choose to retain their current Case Management agency and transfer Personal Attendant services to a Personal Attendant Agency or to Personal Options/PPL.</p> <p>If referrals are made to Case Management Agencies or Traditional Personal Attendant Agencies but none have the capacity to accept the transfer, the member can qualify for the geographic exception because "there are no available qualified providers within 25 miles of the member's home." In those cases, the Case Manager is responsible for submitting the exception form to Kepro.</p> <p>Members may also resolve the potential conflict by self-directing services through the Personal Options program but members must be educated on the responsibilities of self-direction--including hiring their workers--before requesting to transfer to PPL.</p>	X	X	
345	12/9/2022	CFCM	<p>When conflict-free case management starts and the member transfers to a new CMA, will the PAA get a notification in Kepro's CareConnection When the new CMA accepts the member's referral, the PAA is supposed to be present for that assessment so will that change when that member's annual and six-month visits are due from that point forward?</p>	<p>The implementation of Conflict-Free Case Management for the ADW program has been delayed to March 1, 2023. Training on the ADW Case Manager's responsibilities, including the documentation required when a member transfers to a different Case Management or Personal Attendant Agency will be provided in January 2023. The training will not be restricted to Case Managers; Personal Attendant Agency staff are also encouraged to attend so they'll understand the Case Manager's role and responsibilities.</p>	X		

344	12/9/2022	Case Management	The Federal Emergency Declaration was renewed/extended until April 2023 so it is still in the same effect it has been for the past three years. We were told that we could not be mandated to do face-to-face while these two things were in effect. Could you please explain why things are suddenly different in January 2023 and you are requiring face-to-face visits to begin?	Please see FAQ # 323. Although the federal government has again renewed/extended the public health emergency (PHE), CMS has instructed states to begin "unwinding" measures in Appendix K prior to the end of the PHE or the expiration date of Appendix K. Face-to-face home visits will resume beginning in January, 2023 but exceptions will be allowed if a member or others in the members home have COVID, the flu, etc. The reason for the exception must be documented on the monthly contact form. Please remember that the visit can occur anytime during the quarter (i.e., Jan-March), so in most cases, it should be possible to schedule the visit after the member or others in the household have recovered from illness.	X	X	X
343	12/9/2022	Case Management	If a member is known to have bed bugs, can the required F2F visit be conducted by phone? I have been unable to find resources to assist the member in getting rid of them.	If a member reports there are bed bugs in their home, the Case Manager is still required to conduct a quarterly face-to-face home visit. See August, 2019 Quarterly Provider Training: http://www.wvseniorservices.gov/LinkClick.aspx?fileticket=kYVYkHdOjQI%3D&tabid=180 During the home visit, the Case Manager can assess the extent of the infestation and provide education to the member, provide info regarding extermination companies, etc. See Bed Bug Guide on BoSS' website: https://dhhr.wv.gov/bms/Programs/WaiverPrograms/TBIW/Documents/bed-bug-guide%20NYC.pdf BMS is unaware of funding sources to assist members with bed bug removal.	X	X	X
342	12/9/2022	EVV	Just to clarify, live-in workers do not need NPI numbers, correct?	Correct. Live-in workers are not required to use EVV, therefore it is not necessary to obtain NPI numbers for live-in workers. If a live-in worker also provides direct-care waiver or PC services to another member that does not live in the same home, then the worker would be required to have a NPI number and use EVV for the other member.	X	X	X
341	12/9/2022	EVV	Can we unlock the Authorization text box in HHA so we can enter them ourselves?	BMS is working with HHA to give agencies the option to manually enter authorizations in HHA's system. This function is currently in the testing phase so please wait until further notice before entering authorizations.	X	X	X

340	12/9/2022	EVV	Our agency has some dual clients but only one is showing up in HHA. What can we do?	Please see FAQ #315. HHA has not yet resolved the issue with transfers and dual services members--aka "blended services" members. Until this is resolved, please notify the Program Manager of the missing authorization or you may email Lori Tyson lori.j.tyson@wv.gov.	X	X	X
339	12/9/2022	EVV	Some of our members are coming over to HHA without their Diagnosis Codes. Can this be fixed?	BMS is researching this issue with Gainwell and will provide instructions as soon as possible.	X	X	X
338	12/9/2022	ARPA Rate Increases	Our agency billed the higher rate beginning October 1 but we got paid the lower rate. Why?	Please refer to the rate increase memo dated November 2, 2022.. It states "Agencies may begin submitting claims with the increased rates for dates of service on/after October 1, 2022. The rate increases have not yet been loaded into Gainwell's system or HHAExchange's EVV system but claims that are partially paid at the regular rate will be reprocessed so that agencies will not be required to reverse and rebill for partially paid claims." Gainwell completed the claims reprocessing and the payments will be issued within the next few days.	X	X	X
337	12/9/2022	ARPA Rate Increases	When will the Ad-Pay payments be distributed?	Ad-Pay payments will be distributed after the first of the year.	X	X	X
336	11/16/2022	CFCM	Is conflict-free case management part of CMS's overall rebalancing directives?	No. The goal of CMS' rebalancing initiative is to achieve a more equitable balance between the share of spending and use of services and supports delivered in home and community-based settings relative to institutional care. Conflict-free case management is a requirement of CMS for HCBS services but it is not part of the rebalancing initiative.	X	X	
335	11/16/2022	EVV	Will our agency bill the case management visits through HHA?	Agencies are not required to have their Case Managers use EVV for face-to-face home visits or to bill for Case Management services through HHA. However, agencies may choose to do so. Those that do not want their Case Managers to use EVV will continue to submit Case Management claims directly to Gainwell.	X	X	

334	11/16/2022	Case Management	Will case management visits begin in January, 2023?	Yes, Case Management home visits will resume in January 2023. Because visits will be required to be completed on a quarterly basis, Case Managers will not be required to visit every member on their caseload in January. Instead, the Case Manager must visit every member between Jan. 1 and March 31.	X	X	
333	11/16/2022	CFCM	Is conflict-free case management still rolling out during the PHE?	West Virginia was to begin implementing Conflict-Free Case Management (CFCM) in 2021 but this was suspended due to COVID-19. With the "unwinding" of the COVID measures in Appendix K, the implementation of CFCM will resume in January, 2023. It will be rolled out gradually based upon the members' anchor dates.	X	X	
332	11/16/2022	ARPA Rate Increases	Our agency already submitted billing for October 3 through 9, 2022. Should we reverse this and re-bill?	If the claims were submitted with the increased rates, it will not be necessary to reverse/rebill. Gainwell will reprocess the claims for the agency. But, if the claims were submitted with the regular/lower rates, the agency will have to reverse/rebill.	X	X	X
331	11/16/2022	WV CARES	Once the WV CARES Final letter is received, do we need to upload it into HHA?	No. Agencies are not required to upload WV CARES clearance letters to HHA's system. But, the clearance letter is required when enrolling a caregiver with Gainwell. If the caregiver is hired provisionally before the fingerprint background check is completed, the agency must upload the provisional letter. Once the final clearance letter is received, it is recommended that it be uploaded to Gainwell's system.	X	X	X
330	11/16/2022	WV CARES	Regarding the WV CARES Provisional letter, we were told by Gainwell that it had to be the Final letter. Is this correct?	No, that is not correct. Agencies are allowed to provisionally hire a caregiver while waiting for the fingerprint background check to be completed. When enrolling a provisional hire with Gainwell, agencies must upload the WV CARES provisional letter. Once the final clearance letter is received, the agency may upload it to Gainwell's portal.	X	X	X
329	11/16/2022	EVV	If Authorization numbers are in Kepro and Gainwell, can we enter those in HHA?	Authorizations can be manually entered in HHA's system but this is not recommended. If you have confirmed that an authorization is in Kepro and Gainwell but has not been imported to HHA's system, please submit a help ticket to HHA and cc Randy Hill (randall.k.hill@wv.gov)	X	X	X

328	11/16/2022	EVV	For live-in caregivers, do we need to enter their NPI number on claims?	Live-in caregivers are not required to use EVV so agencies are not required to obtain NPI#s for live-in caregivers. Claims for services provided by live-in caregivers should be billed using the UK modifier. Claims submitted with the UK modifier are not required to include the caregiver's	X	X	X
327	10/14/2022	EVV	For both the ADW and TBIW programs, both manuals included the requirement for case managers to use EVV. What happens January 1, 2023 if the manuals have not been approved and implemented?	If CMS' approval of the waiver applications delays the implementation of the updated policy manuals until after January 1, 2023, Case Managers will still not be required to use EVV when making home visits with members. Agencies have the option to have their Case Managers use EVV but it will not be mandatory. Case Management agencies may use this FAQ and Appendix K to support their decision not to require Case Managers to use EVV.	X	X	
326	10/14/2022	Case Management	Will TBIW Case Managers be expected to switch from monthly to quarterly visits beginning January 1, 2023? What happens if the new manual has not been approved and implemented?	Regardless of whether the updated policy manual is implemented prior to January 1, 2023, Appendix K allows for TBIW Case Managers to conduct quarterly instead of monthly home visits with members.		X	
325	10/14/2022	EVV	When we begin billing exclusively through HHA on October 1, 2022, will that be based on the calendar date or service dates?	The requirement for agencies to bill all EVV services through HHAX has been postponed from November 1, 2022 to January 1, 2023. However, effective November 1, 2022, agencies that submit claims for EVV services outside of HHAX will be required to include the enrolled caregiver's NPI# on the claim--without the caregiver's NPI#, the claim will deny. The effective dates of these two edits in Gainwell's system are based upon the date of service on the claim. i.e., a claim for an EVV service may be submitted outside of HHAX's system after January 1 as long as the date of service on the claim is prior to January 1.	X	X	X

324	10/14/2022	CFCM	When are we implementing Conflict-Free Case Management?	The target date to begin implementing CFCM is January 1, 2023. The implementation will be based upon members' anchor dates, so members with January anchor dates that are not already conflict-free will be provided information regarding CFCM and requested to choose a different CM or service agency. Members eligible for the geographic exception for CFCM may choose to maintain receiving CM and other services from a single agency. The CFCM Geographic Exception Request form is being updated and will be distributed to agencies as soon as possible.	X	X	
323	10/14/2022	COVID-19	How long will Appendix K last?	The Appendix K for West Virginia's waiver programs will expire six months following the end of the Public Health Emergency (PHE). It is expected that the federal government will maintain the PHE until approximately December 31, 2022. That means Appendix K would expire on/around June 30, 2023. BMS may choose to begin "unwinding" certain measures in Appendix K prior to its expiration--i.e., returning to face-to-face Case Manager home visit with members, face-to-face service planning meetings and assessments, etc.	X	X	X
322	10/14/2022	ARPA Rate Increases	The original date to obligate these funds was March 2024. Now you are saying it has been extended to March 2025?	Yes, CMS granted an additional year for the ARPA funds to be expended. The new deadline is March 31, 2025.	X	X	X
321	10/14/2022	ARPA Rate Increases	With this new temporary rate increase, do we have to reverse all of our billing back to July 1, 2022 and re-submit?	Agencies are advised to bill the current rates for dates of service through September 30, 2022. Gainwell will issue supplemental payments--ad pays--for paid claims with dates of service from July 1 through September 30. Agencies should begin billing the increased rates on October 1. Claims with dates of service on/after October 1 that are submitted prior to the new rates being uploaded to Gainwell's system will be partially paid at the current rate. Once the new rates are in Gainwell's system, Gainwell will reprocess paid claims with dates of service on/after October 1 and providers will receive supplemental payments. With the ad pays and Gainwell's reprocessing of paid claims, It will not be necessary for providers to reverse/rebill claims in order to obtain the increased rates.	X	X	X

320	10/14/2022	ARPA Rate Increases	At the end of next July, what will the rate be?	The rate will revert back to the current rate that includes the 5% permanent rate increase that was effective 4/1/2022.	X	X	X
319	10/14/2022	ARPA Rate increases	Will this new temporary rate increase be in addition to the permanent 5% increase effective 4.1.2022?	Yes.	X	X	X
318	9/16/2022	EVV	Where can I obtain directions on how to upload direct care workers with NPI in Gainwell?	Please contact your Gainwell Provider Field Representative. They can provide training on enrolling caregivers in their portal.	X	X	X
317	9/16/2022	EVV	Why is it taking two weeks to get an NPI number for a worker?	Typically it takes one to two business days for an NPI number to be issued. If you are experiencing delays, please contact the National Plan and Provider Enumeration System (NPPES) customer service. By Phone: 1-800-465-3203 (NPI Toll-Free) By Email: customerservice@npienumerator.com	X	X	X
316	9/16/2022	WV CARES	If a PA/DCW shows up on one of the required registries, can they still be hired if they are working for a family member (parent of an adult member, child of a member, ex-spouse of a member)?	Provider agencies cannot hire applicants who appear on any of the WV CARES required registries during the pre-screening process. Applicants on these registries are not eligible for a WV CARES variance. WV CARES may consider an applicant's family relationship with a member when making variance determination but a variance can only be requested for applicants that have passed all of the required registries.	X	X	X
315	9/16/2022	EVV	Our agency has a member who transferred from PC to Waiver in March 2022 and they still do not have authorizations in HHAX for her Waiver case so we have been having to bill directly to Gainwell.	Members who have transferred from one program to another (i.e. PC to ADW) or are dual cases, typically have overlapping service authorizations. HHAX's system refers to these members as having "blended services". Currently, members with blended services require a manual workaround to enable authorizations from both services to be uploaded to HHA's system. This issue will be resolved by Oct. 1, 2022 but in the meantime, if you are having issues with a missing authorization in HHA's system, please notify your program manager.	X	X	X

314	9/16/2022	EVV	If you have a new hire after the October 1st launch to bill only through HHAX, and that new hire is not in HHAX yet, do we have to delay beginning services until that caregiver is in HHAX to be able to bill for those service dates.	Once an agency obtains the new hire's NPI#, the new hire must be enrolled in Gainwell's system before being allowed to provide services. It takes approximately three business days for Gainwell to process the new hire's enrollment and for HHA to upload the new hire to their system. Note: The effective date of the enrollment in Gainwell's system is the date that the agency enters the enrollment application in Gainwell's portal.	X	X	X
313	9/16/2022	EVV	So agencies will still continue to bill monthly nursing units and case management in Gainwell?	Nursing and case management activities do not require EVV monitoring. If your agency chooses to require EVV monitoring for those activities, your agency would have to follow the HHAX requirements to bill for the services. If your agency is not requiring EVV for these activities then you would continue to bill units in Gainwell systems.	X	X	X
312	9/16/2022	EVV	Is there an alternative to HHAX?	HHAX is the contracted State vendor for EVV. Agencies may use the state's free EVV solution through HHAX or may choose to purchase an EVV solution through a different EVV vendor. Currently, several agencies are using a different vendor's EVV solution but these agencies are still required to electronically submit their EVV data to WV DHHR through HHAX's aggregator.	X	X	X
311	8/17/2022	EVV	Can our agency still bill directly through Gainwell?	Agencies may continue billing directly through Gainwell until October 1, 2022. On that date, services requiring EVV must be entered in HHAX's system (or the agency's chosen EVV vendor's system) through the mobile app, landline, FOB or manual entry so that all claims for EVV services are transmitted from HHAX to Gainwell.	X	X	X
310	8/17/2022	EVV	Our agency uses Co-Pilot and our FOBs will not link with HHA. What can we do?	HHAX is currently updating the EDI file to include FOB data. This will allow agencies that use their own EVV systems and FOBs to submit the FOB data to the aggregator. The updated EDI file layout will be made available to EDI providers in the next few weeks.	X	X	X

309	8/17/2022	EVV	Our agency is using the App for HHAX. When one of our PA's tries to check in, it says the GPS is out of range. (This particular location is a high rise.) HHAX advised us to calibrate it, but nothing is working. We have also had the PA check in in front of the building, but that didn't help either.	It's possible that the high rise building is blocking the line of sight to GPS satellites and/or the settings on the Personal Attendant's cell phone may cause the system to indicate the GPS is out of range. Navigate to Settings > Location > and make sure Location is ON. Navigate to Settings > Location > Sources Mode and tap High Accuracy. If the GPS issue cannot be resolved, using the member's landline or a FOB may be necessary.	X	X	X
308	8/17/2022	EVV	Our agency FOBs, are not linking to our member's schedule. What should we do?	Some FOB's are not linking and must be returned. Contact HHAX first and if the issue cannot be resolved, contact Laura Radcliff at BMS about replacing the FOB(s). Laura's email is laura.g.radcliff@wv.gov .	X	X	X
307	8/17/2022	PERS	If a member is out of the home for whatever reason (hospital, rehab, vacation) for over a month are we still able to bill for the PERS unit since our vendor would still be charging us?	Yes. Agencies may bill for the PERS service during a month that a member is out of the home for reasons provided in the question.	X	X	
306	8/17/2022	PERS	Is there a specific place we need to keep PERS reports/occurrences? Should we keep them in the member's chart?	Agencies may choose but will not be required to place reports generated from the PERS in the members files. If the reason for the PERS usage resulted in an IMS report, the agency does need to indicate that the PERS was activated in the IMS report During the annual quality review of the agency, BoSS will request documentation to support the billing for the PERS. This documentation may be provided on paper or electronically, and may include itemized invoices from the PERS vendor, reports generated from the PERS, etc.	X	X	
305	7/15/2022	EVV	Regarding tasks in Co-Pilot, how would that work on the app versus the telephone?	EVV mobile apps typically have more functionality than a landline or FOB, including the ability for the caregiver to enter the tasks completed during the visit. For caregivers that use landlines or FOBs to meet EVV requirements, the agencies will need a different method for electronically recording the tasks or they'll need to continue having caregivers document tasks on the paper forms (ADW PAL, TBIW PAW, PC Worksheet). See also FAQ# 304.	X	X	X

304	7/15/2022	EVV	<p>Is an EVV printout acceptable to record services listed on the PAL? Last year we were told yes, but when we were monitored recently, we were told no. We use Co-Pilot and all services are listed on a printout from the system.</p>	<p>Current policy/procedure requires the member to sign-off on the ADW PAL, TBIW PAW and PC Worksheet. HHA's mobile app has the ability to capture duties/tasks performed by the caregiver but does not meet the member sign-off requirement. BMS is currently working with HHA on a solution but in the meantime, caregivers that use HHA's mobile app must continue documenting tasks on the PAL/PAW/worksheet.</p> <p>BMS will follow up with Co-Pilot to determine if their system meets all policy requirements. Until otherwise notified, agencies using Co-Pilot must continue having caregivers document tasks on the PAL/PAW/worksheet. See also FAQs# 101 and 231</p>	X	X	X
303	7/15/2022	PERS	<p>We offered PERS units to all of our members and they all requested one. However, we have one member who got a PERS unit from their CM agency. Is this OK or do we need to switch this member to our PERS vendor? We thought the PA agency was responsible for getting PERS units for our members.</p>	<p>Because the PERS is billed as a waiver service, CMS views it as a conflict of interest if the CM agency provides the PERS to members. For this reason, the PERS is to be provided by the PA agency.</p> <p>In this particular case, because the CM agency is already providing the PERS to the member, it is not necessary to switch to the PA's PERS vendor. This can wait until Conflict-Free Case Management is implemented after the Public Health Emergency has ended and Appendix K expires.</p>	X	X	X

302	7/15/2022	EVV	We have one member that is missing from HHA and we also have one that is a duplicate. Who should we contact to get this fixed? Also, when we have called HHA, they advise that we call the FFS. What is that?	HHA's Customer Service Representatives sometimes use the acronym "FFS" which stands for Fee for Service. This is because WV's waiver and Personal Care services are billed using authorized units of service. When a Customer Service Rep advises an agency to call the FFS, they are generally saying call BMS or Kepro because the problem appears to be related to the member's service authorizations. When a member is missing from HHA's system, such as following a recent transfer from another agency, please check with Kepro to be sure the authorization has been issued for your agency. (You can also look this up yourself in Gainwell's portal.) If a member is duplicated in HHA's system, you may deactivate one but be careful to deactivate the one that does not already have the master calendar.	X	X	X
301	7/15/2022	EVV	Until we receive our FOB's, we've had to clock in and out for our PA's manually. Should we continue to do this or go back to paper billing?	Please continue manually entering the PA's in/out times in the EVV system until the FOBs are received and installed.	X	X	X
300	7/15/2022	EVV	Our agency had to ship back some FOB's that weren't working correctly and we haven't heard anything about getting new ones. Who should we contact?	When returning a FOB, please include a note that provides information on what was wrong with the FOB. Without this information, it takes longer to order the replacement FOB. If you have questions about a FOB order, please contact Laura Radcliff. laura.g.radcliff@wv.gov	X	X	X
299	7/15/2022	EVV	Regarding the FOB's, are they shipped to the PA agency or the CM agency?	The FOBs are shipped to the PA agency at the address listed on the FOB order form.	X	X	X
298	06/24/22	EVV	Our agency has an ADW client who we cannot enter a calendar for in HHA. There is no Authorization for this client in HHA but the Authorization is in Kepro. What can we do?	Please contact Kepro to confirm the authorization has been issued and that it successfully uploaded to Gainwell's system. Once the authorization is in Gainwell's system, it will be sent to HHA and uploaded to their system allowing the agency to create the member's schedule.	X	X	X

297	06/24/22	EVV	What should we do in our systems to update the information in HHA if a client moves?	When an ADW, PC or TBIW member moves, the Case Manager/PC RN is responsible for contacting the local DHHR office of the change. DHHR will update the information in their system (RAPIDS). The Rapids system is downloaded into Gainwell, which will then update HHA. Providers can change an address in CareConnection, but this will not update any other system.	X	X	X
296	06/24/22	EVV	If a client has a cell phone but not a land line, our PA cannot use the member's cell phone to call into EVV?	That is correct. Uploading the EVV mobile app to the member's cell phone does not meet the requirements of the CURES Act and can increase the risk of fraud. The mobile app should only be installed on the Caregiver's phone. If the mobile app is not an option, the member's landline may be used by the Caregiver when clocking in/out. If the member's landline is not an option, the agency should request a FOB.	X	X	X
295	06/24/22	EVV	When our agency accepts a new client, do they automatically show up in HHA or do we need to enter them? This is for an initial.	When a member is initially referred to or transfers to a new agency, KEPRO creates a new authorization for the new agency. This authorization is sent by Kepro to Gainwell and subsequently Gainwell sends the authorization to HHA. This process can take up to 4 business days. The authorization allows HHA's system to automatically assign the member to the new agency. Once the new agency creates the member's schedule in HHA's system, the caregivers will be able to clock in/out when providing services to the member.	X	X	X
294	06/24/22	EVV	Our agency contacted HHA regarding FOBs and someone named Jess told us there was a \$12.00 shipping and handling charge. Is this correct?	There is no charge for FOBs. BMS will follow up with HHA to ensure their customer service representatives provide accurate information regarding FOBs.	X	X	
293	06/24/22	EVV	Our agency had a client that went from PC to ADW. The only Authorizations in HHA are for PC. We've reached out to HHA and Gainwell but this is still not resolved. The Authorization is in Kepro.	Please contact Kepro to have them confirm the ADW authorizations were successfully sent to Gainwell. It can take up to four business days before an authorization in Kepro's system is uploaded to HHA's system. If the authorization does not show up in HHA's system within that timeframe, please send specific details to the BMS Program Manager.	X		

292	06/24/22	PERS	Regarding billing PERS units, do we need a prior authorization?	ADW - No, it is not necessary to request an authorization but the PERS must be addressed on the member's service plan. TBIW - Yes, you will need a prior authorization. The PERS must be addressed on the member's service plan prior to requesting the authorization.	X	X	
291	06/24/22	PERS	Our agency is owned by Bright Spring and we must use their corporate PERS unit. What can we do? Our corporate office is not allowing us to contract with another vendor?	If the PERS unit that your agency is currently using meets the requirements in the policy manual, which is, the vendor must provide an emergency response center with fully-trained operators who can receive signals for help from a member's PERS equipment 24-hours a day, 365/366 days per year, as appropriate, determining whether an emergency exists, and of notifying an emergency response organization or an emergency responder that the PERS service member needs emergency help, then you would not need to contract with another PERS vendor.	X	X	
290	06/24/22	PERS	A member had PERS with my agency and they transferred to another agency, but wants to keep my PERS company. The new agency uses a different vendor. What do we do?	Currently the PERS unit is being provided by the PAA agency. There is no mechanism at this time to allow another PAA to provide just PERS services to a member. The member will need to change PERS vendors to continue the service.	X	X	
289	06/24/22	Rate and wage increases	Regarding reimbursement for quarterly visits, is the rate different for RN's or just for CM's?	Only CMs are required to do quarterly face to face visits. The monthly rate for ADW Case Management went to \$135. The nursing codes have remained the same. Skilled nursing annual assessment is \$120 per year and Skilled nursing is \$13.07 - 6 units per month.	X		
288	06/24/22	Rate and wage increases	All of our ADW clients were paid at the lower rate. If we go into the Admin screen to adjust the rate going forward, do we need to reverse what we billed previously and re-bill at the higher rate?	Yes. If you have already billed at the lower rate, you will need to reverse those and re-bill at the higher rate. Providers can change the billing rates in HHA's system, but BMS has spoken with HHA and they will be responsible for changing any rates in the system going forward.	X	X	X
287	06/24/22	Integrated Settings Rule	Regarding the Residential Settings Rule, when does this start?	The Draft STP was recently shared with providers. This plan has been put out for public comment so please review and provide your input. Until we have approval, there is no set start date.	X	X	

286	06/24/22	Claims	Our agency had a member pass away yesterday, however, we provided services that morning. We were told that we cannot bill for services on the same day that a member passes away. Is this correct?	It is ok for agencies to bill for services provided to a member on the day the member dies. i.e. services provided in the morning and member dies that evening. Case remains open till the end of the month however there may be circumstances in which the agency is not paid. Please notify the program manager so this can be looked into and corrected if this should occur.	X	X	X
285	5/18/2022	Claims	PA Services were provided, then after the PA left the member passed away. We are unable to bill for the services that were provided. Is that right?	Coverage lasts till the end of the month. If you are not paid please report it to the program manager.	X	X	X
284	5/18/2022	EVV	How would a provider know if a member has a land line or a cell phone?	If you cannot ascertain what type of phone the member has in their home, an agency can use this link to check the status of a members phone. https://www.phonevalidator.com/	X	X	X
283	4/22/2022	Rates and wage increases	My agency has never been paid the \$90 rate for ADW case management. How can we fix this? Also, when did the rate change to \$90.	Ensure you are billing the correct case management code with the modifier. If you have already billed the previous rate, you must reverse those claims and bill again with the correct code. These codes went into effect with Policy Change on 4/1/2021. There was a temporary increase due to Covid 4/1/21 through 3/31/22. The new rates were effective 4/1/2022. ADW-G9002 U1 TBIW-G9002 U2	X		
282	4/22/2022	Assessments	If we have a member whose assessment is completed later than it should have been after they are enrolled, should we try to get the next assessment back on track with their enrollment date?	For ADW/PC , after completing the initial assessment, schedule the next assessment in six months. ADW/PC is not using Anchor Dates for scheduling assessments at this time. Be sure to document why the initial assessment was late.	X		X
281	4/22/2022	EVV	Our agency has had trouble with some FOB's that have not been activated. What should we do, or who should we contact?	Laura Radcliff with BMS has been sending out and activating the FOB's. For any Issues regarding their function contact her at laura.g.radcliff@wv.gov .	X	X	X

280	4/22/2022	EVV	FAQ question 274 regarding the PA using the member's phone to clock in and out, we use a 3rd party vendor and if a member does not have a land line, we have allowed our PA's to use the member's phone to enter their code. This data can be loaded into HHA. Is this allowable?	BMS is advising agencies to not allow workers to clock in/out through the member's smart phone via IVR. Utilizing the member's smart phone is listing the member's number as the worker's number which is not accurate. It also does not meet the requirement of the CURES Act which is to check in and out at the member's residence (unless there is a legitimate reason for not doing that i.e. picking them up at another location or meeting them at another location). A member's landline is acceptable but not their smart phone. Update 05.15.22. Per CMS, workers cannot use a member's smart phone to clock in or out for EVV.	X	X	X
279	4/22/2022	PERS	Our agency has had difficulty with some PA agencies not wanting to get PERS units for our members.	Currently PA agencies are responsible for obtaining PERS units for the members that request them. BMS did not mandate which vendors to use, but, per policy, there are minimum requirements. If you have specific PA agencies who are not providing PERS units for their members, please notify BMS.	X	X	
278	4/22/2022	Policy	What happens if a case management agency doesn't accept a member in CareConnection, and our PA agency cannot open the case? Will my agency be penalized?	This should not be an issue with new applicants as BoSS will not activate the case until both PAA and CMA has accepted. If you are referring to transfers, the PAA agency will not be penalized. They can use the existing plan until time the CMA has accepted.	X	X	
277	4/22/2022	Non-medical Transportation	Has there been any discussion of increasing the mileage rate for PA's?	The PA mileage rate has been set to be consistent with ModivCare's rate. There has been no discussion to change it at this time.	X	X	
276	3/25/2022	Assessments	Our agency has a member who has been living out of state since the pandemic. They have asked to keep the case open as the plan is to return to WV. Should we keep on schedule with the assessments?	If the member is residing with family out of state during the pandemic, you should put them on Hold and temporarily suspend assessments/monthly calls until they return to WV. If a member travels back and forth, living with family part-time out of state but returning to WV at times during the pandemic, you could conduct assessments and monthly calls while they are in WV.	X	X	X

275	3/25/2022	Assessments	Can only PAA RNs request SL changes?	PAA RNs may be made aware of the need first however, communication with the CM must occur so the CM can request the SL change. The PAA RN or RC for Personal Options, may still be the one to gather the information justifying the request but the CM should make the request and be made aware as they will need to know so any SP changes can be made. PC RN's handle SL change requests.	X		
274	3/25/2022	Closures	Say we have an unsafe member and we've told the PA agency they don't have to send in a worker, but we've told the CM to keep making monthly calls. If the member requests groceries or something, who runs that errand? The CM or the PA agency?	For unsafe closures, we have asked the CMA to continue with follow up calls if the member cooperates with this. In cases where the member is not creating the unsafe environment, we would like to check on the welfare of the member. We did not say for unsafe closure requests that we would fulfill requests due to the fact that going into the home has been deemed unsafe. See question 212 for unsafe closures and question 233 for members asking for a hold due to not wanting outside staff entering their homes.	X	X	X
273	3/25/2022	EVV	Can a PA clock into HHA through the Member's cell phone?	The PA is not to use the Member's smartphone to clock in/out of EVV. The mobile app is only to be used on the PA's phone. If this is not an option, using the member's landline is the next best method and if that is not possible, there is the FOB.	X	X	X
272	3/25/2022	Transfers	Our agency had two members move to another county. The worker, who is a family member, moved with the members without notifying the agency. Are we able to pay a worker in a county we are not providing services until the members transfer?	Yes you can pay the worker until the transfer is finalized. The worker would also need to work for an agency that provides services in that county. This would not pertain to PC, as those agencies may only provide services in counties listed in their CON.	X	X	

271	2/4/2022	EVV	I am a new Director and my agency is not yet live with EVV. How can we get training on the system?	Here is the link to HHA's Provider Portal Resource Center: www.hhaexchange.com\wv\ After clicking on the link, scroll down to the middle of the page and click on "Training". Your agency can find some resources there but your agency is also registered to access HHA's Learning Management System (LMS) website where your staff can access many more resources. Someone at your agency should have been set up with a user name and password to access the LMS site. If your agency needs to change or add a user please contact HHA by calling 866-983-4627 or emailing: WVsupport@hhaexchange.com It is your agency's responsibility as a provider to be aware of existing training, to train your staff, and provide them the information needed to access required systems to perform their job duties.	X	X	X
270	2/4/2022	EVV	Is there a specific date in March where all providers will be required to use EVV?	Since we are still resolving Authorization and worker enrollment issues, BMS has decided to push back the deadline when providers will be required to use EVV for billing. BMS will give providers ample notice of the new deadline.	X	X	X
269	2/4/2022	EVV	When will BMS begin monitoring providers for the limit of 15% for manual entries into HHA?	BMS has not yet set a date to monitor the percent of manual entries into HHA. Providers are still experiencing delays in getting employees uploaded into Gainwell so manual entries are currently still required. BMS will give providers ample notice prior to this edit being activated.	X	X	X
268	2/4/2022	Rate and wage increases	When does the rate increase go to 5%?	The 5% rate increase begins April 1, 2022.	X	X	X
267	2/4/2022	Rate and wage increases	Does the 5% rate increase apply to live-in workers?	Live-in workers are included in the 5% rate increase on 4/1.	X	X	X

266	1/21/2022	COVID-19	My staff is asking if they're required to get vaccinated since the Supreme Court overruled the president's vaccine mandate. How should our agency respond?	<p>The president issued two vaccine mandates. One was specific to agencies with 100 or more employees and it was overturned by the Supreme Court. The Supreme Court did not overturn the other vaccine mandate that is specific to healthcare facilities that receive Medicare and Medicaid funding. But, CMS has determined that mandate does not apply to HCBS programs. Please see CMS' Q&A below:</p> <p><i>Q: Does this requirement apply to Medicaid home care services, such as HCBS, since these providers receive Medicaid funding but are not regulated as certified facilities?</i></p> <p><i>A: No, this regulation only applies to those Medicare and Medicaid -certified provider and supplier types that are subject to CMS' health and safety regulations. CMS' health and safety regulation do not cover providers of HCBS services.</i></p>	X	X	X
265	1/21/2022	EVV	I have someone who is training to do in-home care. She has an NPI but it's deactivated. I am starting the reactivation process today, but it could take weeks before it's reactivated. Can she work while we wait for it to be reactivated?	<p>Unfortunately, it is not possible to reactive a NPI number through the NPPES website. Instead, this requires mailing a paper form and it can take weeks to process. The form is available through the website.</p> <p>While waiting for the NPI to be reactivated, the PA can begin working once the required training is completed and the WV CARES background check is done.</p> <p>Please note that until the NPI number is reactivated and the worker is enrolled in Gainwell, claims for services provided by this worker will have to be submitted outside of HHA's system.</p>	X	X	X
264	1/21/2022	EVV	Is there a report that we can run to show if we are compliant with the not more than 15% manual entry requirement?	<p>The Visit Verification Compliance Report provides the percentage of overall compliance for the specified time period. It includes a tab that provides details regarding the visits. This report can be found under "Other Reports" on the drop down menu. There is also an Exception Detail Report under "Exception Reports" header that provides additional useful data for tracking compliance.</p>	X	X	X

263	1/7/2022	Claims	Our agency has a Personal Attendant who has been denied as being a duplicate. We have contacted both Gainwell and HHA and neither agency has been able to help. Who should we contact?	Additional information is required in order to respond to this question. Please contact the appropriate Program Manager: LuAnn Summers for ADW or Teresa McDonough for TBIW and PC.	X	X	X
262	1/7/2022	EVV	If our agency chooses to have a person that lives with the client use HHA to electronically verify the visit, can we bill using the ADW PA S5130 code, the TBIW PA S5125 UB code, and the PC PA T1019 code ?	Yes this is allowed. You will have to obtain an NPI # and enroll the live-in worker with Gainwell. Once Gainwell completes the enrollment, the worker will be uploaded to HHA's system and can be added to the schedule and able to clock in/out.	X	X	X
261	1/7/2022	EVV	If an employee is having problems using HHA, example client's phone line is out, how long can agencies continue to manually clock the employee in and out? Our agency is using a paper verification form that was developed to verify the times.	Agencies will always have the ability to manually enter workers' visits, even after EVV is well established. This is necessary because no matter how well the EVV system works, there will be times that a phone is out or something prevents the worker from clocking in/out. Ultimately, the volume of manual entries across all agencies cannot exceed 15% of total visits. In upcoming months, BMS will begin monitoring this and will follow up with agencies that consistently have a high volume of manual entries. BMS will work with the agencies to improve their compliance.	X	X	X
260	1/7/2022	EVV	When we have a new personal attendant, is there a set time limit we can bill through Gainwell until they are enrolled into HHA?	Eventually, to fully comply with EVV requirements, workers will have to be enrolled in Gainwell's system before services are provided, otherwise the related claims will deny. No date/deadline has been set to have this edit in Gainwell's system.. In the meantime, agencies may allow workers to provide services as soon as they are trained/qualified and they have been cleared by WV CARES. Please note that if you bill for a worker that hasn't been enrolled by Gainwell and uploaded to HHA's system, do not put the worker's NPI number on claims because that will cause them to be denied.	X	X	X

259	1/7/2022	EVV	Do PAL's have to match clock-in and clock-out times?	EVV is still in the implementation stage so currently it is recommended that workers that workers clock in/out of the system and also document their hours on the worksheet/PAL. HHA's system captures the actual time that the worker clocks in/out. It's only the billing function of HHA's system that rounds the worker's time to the nearest whole unit. Therefore, the worker's time in HHA's system should be relatively the same as the times on the	X	X	X
258	1/7/2022	EVV	Regarding 15 minute units, my agency is having major issues with PA's and their clock-in times. What do we do if they are scheduled to clock-in at 8:00 and they actually clock in at 8:09?	HHA's system captures the actual time that the PA clocks in and out. If a PA forgets or is unable to clock-in/out, the agency can manually correct the PA's time in HHA's system. For billing purposes, HHA's system creates claims based upon the member's schedule unless the actual time that the PA worked is LESS THAN the amount of time scheduled. In those cases, HHA's will generate claims for the actual time. Gainwell cannot pay for partial units of service therefore HHA's system will round up or down to the nearest whole unit on claims.	X	X	X
257	1/7/2022	COVID-19	Do agencies still need to get physician signatures on MNER's? We know we do not need to get member signatures during COVID-19.	Initial: MNER's must have all fields completed, per policy. Annual: BMS requests that under the signature on the MNER, the CM/RN print the member's name and indicate they received verbal consent from the member and the date it was given. ADW/PC/TBIW may use Physician information, including diagnoses, from previous year. Signature Guidance has been provided.	X	X	X
256	1/7/2022	Policy	What will the mileage rate for non-emergency transportation be in 2022? The new IRS mileage rate is \$0.58.5 per mile.	The rate for ADW and TBIW Non-Medical Transportation is not based upon the federal mileage rate. Instead, it is based upon the rate for Non-Emergency Medical Transportation (NEMT). The current NEMT rate is \$0.42 per mile. Update 7/15/2022: The Non-Medical Transportation rate will increase to \$0.50/mile effective 8/1/2022.	X	X	

255	1/7/2022	EVV	What is the timeline for new authorizations to be issued when a member transfers?	The process takes approximately three to five business days. For ADW and PC, if you have a specific example that exceeds this timeframe, please contact Melody Cottrell at Kepro. For TBIW, please contact Barbara Recknagel.	X	X	X
254	12/10/21	COVID-19	Regarding the vaccine mandate, does the exemption apply to live-in workers?	No, the exemption does not apply to live-in caregivers. Live-in caregivers provide services to program members (aka customers) and often provide services in the community as well as in the members' homes. These activities place the live-in caregivers at greater risk from COVID than employees that exclusively work from home and have no interactions with others during work hours.	X	X	X
253	12/10/2021	EVV	After enrolling a caregiver and uploading the required documents in Gainwell's system, I was informed by Gainwell's field representative that it will take 30 days for the enrollment to be completed. Is this correct? We were previously told that it takes up to 5 business days for Gainwell to complete an enrollment.	Typically, Gainwell completes caregiver enrollments within 5 business days. On 12/10/2021, Gainwell informed BMS that they are currently experiencing high volumes-- 5,800 caregivers have recently been submitted. This has caused a backlog but Gainwell is working through it as quickly as possible. If an agency needs to prioritize enrollment of a caregiver, please send the agency name, NPI# and caregiver's name to the BMS Program Manager and they will request that the caregiver be enrolled asap.	X	X	X
252	12/10/21	EVV	Where can I find HHA's training videos?	Training videos can be found in the Support Center, Knowledge Base located in the upper right-hand-corner of your HHA Provider portal. If you need additional assistance, contact your HHA Rep.	X	X	X
251	12/10/2021	EVV	Some of our authorizations do not match what is in Kepro or Gainwell. PC seems to be consistently one digit off, but the ADW authorization numbers are all over the place.	The variation of authorization numbers is due to EVV implementation. Some authorization numbers viewable in CareConnection are the non-provider-specific authorizations that had to be replaced with provider specific authorizations. Kepro sent the replacement authorizations to provider agencies via email. As members receive new authorizations at the time of their next anchor dates, this issue will resolve itself. In the meantime, please refer to Gainwell or HHA to confirm the correct authorization.	X		X

250	12/10/2021	EVV	When there are two authorizations, our agency is not able to go into HHA to choose the correct authorization when our billing is denied. What should we do?	HHA is currently reconfiguring their system so that all agency administrators can edit the authorization assigned to the visit. This should be accomplished in the near future but if an agency has an urgent need to change an authorization, please notify the BMS Program Manager with the member's name and authorization number. Please also see the user guide included with the documents attached to the email for the 12/10/2021 provider call.	X	X	X
249	12/10/2021	EVV	Our agency has a worker who goes into the clients home at 7:30, leaves at 12:30 and drops off the member at a soup kitchen. How do they clock out after dropping him off if they are using the member's land line? Currently we are entering the clock out time manually.	The mobile app would allow the worker to clock out at the soup kitchen. Assuming this is not an option, the agency will have to continue doing the manual entry for the clock out time.	X	X	X
248	12/10/2021	EVV	Our agency has a worker who is a family member and does laundry for our client, but she does his laundry at her house. How should she use the FOB to clock in and out?	First be sure that the Service Plan includes the laundry service as it is performed. You may be able to consider it an essential errand, or you could enter the worker's address in HHA as a second address so that the worker can more easily clock in/out from that location. By entering the address as a second location, the agency will be able to more closely monitor the worker's activities.	X	X	X
247	12/10/2021	EVV	Our agency needs to order more FOB's. How do we place new orders?	Please send order forms for FOB's to Laura Radcliff at BMS. Her email is laura.g.radcliff@wv.gov . Please note that a separate form must be submitted for each member.	X	X	X
246	12/10/2021	PERS	I am a CM and I have a newly activated PERS units this week and I know that we are supposed to add this to our service plans. How do we add this service to an existing plan?	The addition of the PERS service can be added to the risk assessment plan, the Service Plan, or be added with Service Plan Addendum form. For TBIW, if the member requests the PERS prior to their next Service Plan meeting, the CM would complete a Service Plan Addendum and fax it to Kepro.	X	X	

245	12/10/2021	Agency Certification	Has BMS made a decision yet on removing the contiguous eight county requirement?	BMS will review requests to serve additional counties outside of the contiguous ruling on a case-by-case basis. Removing the eight contiguous county limitation will be addressed in the upcoming amendment to the current policy manual. Until then, agencies may submit their requests to BoSS (ADW), Kepro (TBIW) and the appropriate BMS Program Manager. Agencies are not to implement changes until they have been approved.	X	X	
244	12/10/2021	ARPA Rate increases	Can the 85% of ARPA funds be used to give live-in PAs wage increases or is it only the remaining 15% that can be used for live-in PAs?	Yes, agencies may choose to include live-in workers in the wage increases and other incentives being given to direct-care workers. Increases/incentives given to live-in workers can be counted toward the 85% of the ARPA rate increases that agencies are required to pass-through to direct-care workers.	X	X	X
243	11/17/2021	ARPA Rate Increases	When did the PC ARPA memo/attestation go out?	The attestation document was sent out on October 15, 2021. The document was sent again on October 29.	X	X	X
242	11/17/2021	ARPA Rate Increases	Regarding an ad-pay that our agency received, when reconciling the payment it was incorrect. Who do I contact?	Please send detailed information to Randy Hill and copy the appropriate Program Manager (ADW--LuAnn Summers; TBIW and Personal Care--Teresa McDonough)	X	X	X
241	11/17/2021	ARPA Rate Increases	Has there been a decision on how ad-pay dollars can be spent for Lighthouse and/or FAIR employees?	CMS confirmed that ARPA funds may be passed through to state-funded Home and Community-Based services. This allows the funds to be used to increase compensation, benefits, etc. for Lighthouse and FAIR employees but the ad pay dollars cannot be used for programs with other funding sources, including Veterans services and private insurance.	X	X	X
240	11/17/2021	ARPA Rate Increases	Regarding billing, our clerk billed at the old rate. Can she adjust it somehow?	If a payment has already been made, you will need to reverse the claims and rebill at the higher rates. Please ensure that your agency has entered the correct rate in HHA's system.	X	X	X
239	11/17/2021	COVID-19	Is the demonstration part of CPR/FA training now required?	The public health emergency was renewed again on 10/18/2021 and will be in effect until 1/16/2022. That means the measures in Appendix K will remain in place until at least mid-July 2022. Virtual staff training will still	X	X	X
238	11/17/2021	EVV	Are there instructions for entering new employees into HHA?	There is no need to manually enter employees in HHA's system. New employees that will be using EVV must obtain a NPI# and be enrolled in Gainwell's system. Once	X	X	X

237	11/17/2021	EVV	Our agency uses Co-Pilot. When we submitted billing at the higher rate, Gainwell changed it to the lower rate. Why would they do that?	Claims submitted with the UK modifier will be paid at the regular rate. Also, agencies must enter the temporary/higher rate in HHA's system otherwise claims	X	X	X
236	11/17/2021	EVV	When approving timesheets in pre-billing in HHA, our agency has to approve each one separately. Is there an easier way?	HHA's system will allow agency administrators to approve groups of visits rather than approving each individually.	X	X	X
235	11/17/2021	EVV	Our agency billed through HHA last week and all were denied. Each claim has two Authorization numbers per client. One	Please confirm the correct authorization number in Kepro's CareConnection. It will then be necessary to edit the member's authorization in HHA's system so that	X	X	X
234	11/17/2021	EVV	Our agency is struggling with the HHA system going down 2 - 3 days every week. Our homemakers are clocking in and out but the system is not capturing it and we're having to enter times manually. Is there a problem with HHA?	Please notify HHAX and Randy Hill when you experience this problem.	X	X	X
233	11/17/2021	EVV	Our agency is currently waiting on the FOBs we ordered. What are the next steps once we receive the FOBs?	FOB orders have been processed and the devices will be shipped to agencies by Dec. 1, 2021. Information regarding FOB use will be shared on the Nov. 17, 2021 provider Zoom meeting.	X	X	X
232	10/29/2021	Assessments	If you have a member on hold and their yearly assessment comes due, does the assessment need to be done?	For members that are in "Hold" status because they've requested to suspend their PA/DCW services due to COVID, the annual assessment and service plan do need to	X	X	X
231	10/29/2021	EVV	If the agency has misplaced the direct-care worker's PA worksheet/log, can the EVV clock-in and out be used to verify the visit occurred?	The EVV data does verify the worker's time-in and time-out however, it does not provide the required detail of the tasks that were performed during the visit. In upcoming months, direct-care workers will be able to electronically document in HHA's system the tasks that are performed and related notes. This will eliminate the need for the paper logs/worksheets. Until then, agencies will continue to be required to maintain the logs/worksheets.	X	X	X

230	10/29/2021	ARPA Rate increases	The ARPA ad-pay for ADW and TBIW is for April 1st through August 31st and the new rate is effective in Gainwell as of September 1st, correct?	Yes. That is correct.	X	X	
229	10/29/2021	ARPA Rate increases	The ARPA rate increases so far are for ADW PA, ADW CM, TBIW PA and TBIW CM?	Yes.	X	X	
228	10/29/2021	ARPA Rate increases	On previous calls we were told that PC DCW's would also see a rate increase. Is there a timeline for this?	The PC rate increase was entered in Gainwell's system on Oct. 1 and the PC ad-pays for April 1 to Sept. 30 are currently being processed. Additional info is available in the memo from BMS that was distributed on Friday, Oct. 15.			X

227	10/29/2021	ARPA Rate increases	Regarding the HHA billing rate, on Monday, S5130 was still the old rate. Are we responsible for changing these?	Yes. Provider agencies are responsible for entering their rates in the HHA system. There are training videos on the HHA website under "Support Center" that provide you instructions on how to change the rates in the system.	X	X	X
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226	10/29/2021	ARPA Rate increases	Regarding the ADW payments that have already been reimbursed, why haven't the full amounts been sent out?	Four ADW agencies have reported that they did not receive the ad-pay for July 1 to Dec. 31, 2020 (additional \$1.00/hr. for PA services) These ad-pays have been processed and the four agencies should receive them by Nov. 5, 2021.	X		
225	10/15/2021	ARPA Rate Increases	If a PA lives in the home, are they not entitled to the recent rate increase?	Although the rate was not increased for PA or PC Direct-Care Worker (DCW) claims billed with the UK modifier, agencies may choose to give wage increases, bonuses, and other incentives to live-in workers. The rate increases that agencies receive for claims for regular/non-live-in workers and Case Management may be used to provide incentives to other staff that provide services to members, including live-in workers and nurses.	X	X	X

224	10/15/2021	ARPA Rate increases	Our PA's are cross-trained in any program. Can we include them in the 85%?	<p>Many agencies cross-train PAs and PC Direct-Care Workers (DCWs) which allows the workers to provide services across a variety of programs including ADW, TBIW, PC, Lighthouse, FAIR, etc. As long as existing workers and new hires are trained and prepared to provide ADW, TBIW or PC services, they are eligible to participate in the bonuses and other incentives offered by agencies using at least 85% of the funds from the ARPA rate increases.</p> <p>Workers that are trained to only provide services that are not Medicaid funded (Lighthouse, FAIR, Meals-on-Wheels, etc.), are not eligible to participate in the ARPA bonuses/incentives. BMS is working with CMS to determine if there are exceptions.</p>	X	X	X
223	10/15/2021	CareConnection	Is CareConnection still the system being used for all programs?	<p>Kepro is transitioning from CareConnection to ANG (Atrezzo) for client tracking. TBIW was first to use ANG since they were not using CareConnection, and the other programs will transition at a later undetermined date. If providers have any suggestions/improvements you would like to see in the new system, email BMS and they will see if they can be included.</p>	X	X	X
222	10/15/2021	COVID-19	Do the president's vaccine mandates apply to HCBS agency staff?	<p>Two of the vaccine mandates ordered by the president in September could impact Waiver and PC agencies. Rules for these orders are currently in development and not expected to be released for several weeks.</p> <p><u>(1)Requiring vaccinations for health care workers at Medicare and Medicaid Participating Hospitals and Other Health Care Settings.</u> Preliminary guidance from CMS</p>	X	X	X

221	10/15/2021	Kepro Letters	Can the Kepro letter regarding the PAS appointment be changed? It has incorrect information in it that is confusing to the members.	Changing Kepro letters that are generated automatically by the system is extremely hard and involves programming and associated cost. Per Melody Cottrell, when RN's call the member to schedule the PAS appointment, they explain that the appointment will not be face-to-face, but rather over the phone.	X	X	X
220	10/15/2021	EVV	We are waiting months for authorizations on ADW and PC transfers. What can we do?	With the implementation of EVV in March, Kepro had to roll back thousands of existing ADW PA and PC authorizations and replace them with new agency-specific authorizations. Also, agency-specific authorizations became necessary each time a member transfers to a new ADW PA or PC agency. Kepro recently issued a large volume of authorizations for the backlog of transfers. These authorizations are now in Gainwell's and HHA's systems. If your agency has not yet received a missing authorization, please contact Melody Cottrell at Kepro. melody.cottrell@Kepro.com	X		X

219	10/1/2021	PAL	<p>Our question pertains to when there is a change in the PAL outside of the service plan meeting. On page 44 of the new manual in paragraph three, it states: "The case manager is required to document the member's approval of the change in the plan by telephone or in person on the changed PAL under the comment section." To us, that makes it sound as though I am supposed to put my documentation on the actual PAL that has been changed. I wondered, if that is so, am I just to document it on my copy of the changed PAL? I have always just documented the change on my service plan in red, but I can do the other if I am required.</p>	<p>Permanent or minor/temporary changes in the members needs must be documented on the PAL as follows:</p> <p>ADW policy 501.15 states: When the member has a change in needs, the PAL can be changed and attached to the current Service Plan to document any <u>permanent</u> changes. (i.e., change in service hours, types of assistance with the activity, frequency of the activity, destination for community activity or essential errands, etc.). The Case Manager is required to document the member's approval of the change in the plan by telephone or in person on the changed PAL under the comment section.</p> <p>Approved minor daily changes (i.e., worker arrived earlier than scheduled to get the member ready for a doctor appointment) in a member's needs such as hours of service, may be documented on the PAL and does not constitute the need for a permanent change. However, if a change becomes permanent, a new PAL must be completed.</p>	x		
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218	10/1/2021	Policy	<p>I was informed this morning by a RN that he was no longer allowed to put fishing on the PAL. We have been doing that as long as it is at a public/state park lake. I have several people, men and women on both programs that like doing this, but can't go without their worker taking them.</p>	<p>Per ADW policy 501.20.2 and TBIW policy 512.18.2, community activities documented on the PAL must offer the member an opportunity to participate and integrate into their local communities and neighborhoods. The purpose of community activities is for the member to have the opportunity to interact with others in their immediate community and utilize community resources where other individuals engage in community life.</p> <p>While the ADW and TBIW policies do not specifically prohibit fishing, and depending on where a member lives and how other individuals in the member's community engage in community life, fishing may be an allowable community activity, but this is unlikely for the vast majority of program members. Please consult BoSS or Kepro before including this or similar community activities on a member's ADW PAL or TBIW PA Worksheet.</p> <p>The PC policy pertaining to community activities/essential errands is more restrictive than ADW and TBIW policy. All direct-care services including those provided in the community must relate to ADLs and IADLs and be essential for the member to remain at home. (PC Policy 517.16.3) Fishing is not an allowable essential errand/community activity under PC.</p>	X	X	X
217	10/1/2021	Service Plans	<p>On the previous call it was stated that agencies have 7 business days to schedule the service plan meeting. My question is does this just pertain to new cases? Do you also include annual and 6 month reviews in this as well because usually we have the whole month to schedule these. If it does pertain to them,</p>	<p>Initial assessment/service planning meetings must be scheduled within seven <u>calendar</u> days of the member's enrollment (member's activation in CareConnection) and meeting must be held within 14 <u>calendar</u> days of enrollment. Once the initial plan is in place, it must be reviewed/updated at least every six months. The date of the ongoing six month/annual service plan meetings is</p>	X		
216	10/1/2021	Transfers	<p>When a member transfers to a new PA agency, is the CM required to invite the transferring agency's RN to participate in the receiving agency's initial meeting with the member? If so, is it mandatory that the transferring</p>	<p>ADW Policy 501.35 specifies that the receiving agency must complete Section 2 of the Person-Centered Assessment (RN Assessment) within 7 business days of the transfer effective date. It also states that the Service plan must be implemented within 7 business days of the</p>	X		

215	9/17/2021	ADW Service Planning Meetings	Who needs to be in attendance at ADW Assessments and planning meetings?	Both the CM and the PAA RN must be in attendance. The CM must contact the PAA RN to schedule a time to conduct the meeting. Per ADW policy manual section 501.15 SERVICE PLAN DEVELOPMENT the meeting must be SCHEDULED within 7 days however you have up to 14 days to complete the plan. Agencies must work together and schedule a time that someone can attend and notify the CM if something would change in the ability to participate. The CM cannot conduct the planning meeting without all	X		
214	9/3/2021	EVV	My agency still has many members missing in HHA's system even though I have submitted all required information.	Members are uploaded and assigned to provider agencies in HHA's system through the authorizations issued to agencies by Kepro. Currently, HHA's system is unable to upload both authorizations for members that receive dual services. For example, a dual services member's ADW PA auth will successfully upload to the provider agency but the PC auth for that member will not upload. This issue will be resolved in the next few weeks and in the meantime, HHA and BMS will be manually entering the	X	X	X
213	8/6/2021	Case Manager Qualifications	If a specific Human Services degree is not on the approved list, how do we know if it qualifies?	If your agency wants to hire an individual with a 4 year Human Services Field degree that is not on the approved list please provide the following information. A copy of the transcripts and/or course of study required for the degree. If the past work history is relevant, provide that also. Submit this information to the appropriate program manager who will then review the information and make	X	X	
212	8/6/2021	Claims	I have been using the Gainwell number 304.348.3360 to obtain information regarding payments. It is not working properly.	As for the local telephone number – 304-348-3360 – that number is no longer used for local inquiries to the IVR. It is for internal use only. The portal has been updated and the local number for provider services has been removed. Moving forward, the provider should be calling the toll free number 1-888-483-0793 for telephone assistance from a live associate or to use the automated system (AIVR). Below is the information from the Gainwell portal regarding Gainwell's contact telephone numbers: https://www.wymmis.com/SitePages/Contact-US.aspx	X	X	X

211	8/6/2021	Service Plans	If case management, PC-RN and personal attendant agencies conduct a review in July, what month would the next review be due in? Also what would the Plan Period look like on the Service Plan/Plan of Care-PAL/PAW/Worksheet? (Question adapted to address all programs, was originally an ADW question)	The plan period would begin in August as you start the 6 month period from August on so plan period would be August - January. The PAL would need to match the SP. Nothing has changed for this with the implementation of the new manual.	X	X	X
210	7/23/2021	CFCM	When will the CFCM suspension for existing members end?	The suspension of the implementation of CFCM for existing members will remain in place for up to six months following the end of the Public Health Emergency (PHE). The PHE was renewed on July 20, 2021 for an additional 90 days.	X	X	X
209	7/23/2021	Closures	When an unsafe environment/non-compliance case has been approved for closure, but cannot be closed during the pandemic, are case managers still required to conduct the CM Assessment?	In cases where services have been suspended and are pending closure due to unsafe environment, Case Managers are not required to continue service planning or conducting assessments. Case Managers are required to continue making monthly contacts with these members and to provide assistance as needed. This includes reporting suspected abuse/neglect, referring the member	X	X	X
208	7/23/2021	EVV	IHSC's are reporting that patients (members) remain listed as active in HHA even after expiring or transferring. It is my understanding that these reporting's are a result of an upload from Kepro to Gainwell to HHA. Is that correct? If so, why are the profiles not being updated timely?	When a member's authorizations expire or when a member transfers to a different agency, the member's status won't change automatically in HHA's system unless the member is terminated from the program and is no longer active in Gainwell. When members transfer to a different agency and remain active on the program, the previous provider agency can "Discharge" the member from their agency to change the status and remove them from the active roster in HHA's system.	X	X	X

207	7/23/2021	EVV	As a provider, how should terminated caregivers be handled to cover all agencies (i.e. NPPES, Gainwell and HHA) and allow for claiming and/or adjustments prior to termination date?	<p>When a caregiver quits or is fired, the employer agency must disenroll the worker in Gainwell's system. Once that's done, the data will be sent from Gainwell and uploaded to HHA's system by the next business day. This means the agency is not required to manually terminate the caregiver in HHA's system but you may do to be absolutely sure the worker doesn't access HHA's system during the time it takes for Gainwell's caregiver file to be uploaded to HHA.</p> <p>When a caregiver is disenrolled in Gainwell's system, an effective date is entered and this allows the agency to</p>	X	X	X
206	7/23/2021	EVV	When members need to use a FOB for EVV however, the CMA is not yet conducting face to face visits, does the PAA have to wait to enroll the member for EVV or can someone else install the FOB?	Currently all orders for FOBs are being processed and the devices are to be shipped to agencies in August. Ideally, the CM would install the device in the member's home but currently CMs are not required to conduct face-to-face home visits. Therefore, the PA agency may have their RN or the PA install the device. Similarly, a PC agency's nurse or direct-care worker may install the device. When CMs	X	X	X
205	7/23/2021	PERS	Are PAA's required to provide the PERS service?	PAAs are to provide PERS services to their active members that request a PERS unit. Please note that agencies are allowed to bill the full \$50 monthly rate to cover the cost of the PERS unit/monthly monitoring fee and the agency's administrative costs.	X	X	X
204	7/23/2021	Transfers	In the current ADW CareConnection system, when a member requests a transfer of a PAA, the CM is not able to see this. At times the CM is not aware of the transfer until they do their monthly contact. Can anything be done to change this?	Kepro plans to replace the ADW CareConnection with a new system within the next year. Until then, changes to the existing CareConnection are not possible. The CareConnection does not issue a notification to the CMA when a member transfers to a new PAA, therefore the PAA must notify the CM. Agencies may use the notification form on the BMS ADW website that allows the CMA and PAA to notify each other when a transfer occurs.	X		
203	7/9/2021	Agency Certification	Regarding limitations on the number of counties served, will the eight contiguous county limit be removed? And will it be for PA agencies too?	In response to feedback from CM and PA agencies, BMS plans to remove the limit on the number of counties that an agency may serve. This will require the Policy to be updated and posted for a 30-day public comment period. This and other changes to the Policy will be made in the upcoming months.	X	X	

202	7/9/2021	Closures	We submitted a case for closure and as the CM, we were told to continue to contact them even though they're not receiving PA services, but we cannot close?	Until the COVID-19 public health emergency ends, CMS requires cases to remain open unless the member passes away or voluntarily chooses to be disenrolled from the program. CM agencies should continue to contact the member to monitor health & welfare and link to other services/supports as needed. Although PA services may not be provided as originally planned, agencies may still be able to support the member by performing essential errands.	X	X	X
201	7/9/2021	EVV	If the member authorization is not in HHA and there is no calendar because the CMA needs to request a service continuation due to being beyond anchor date renewal of eligibility, do we wait for auth or create temp schedule?	HHA's system will allow workers to clock in/out even though there is no authorization for services. Agencies may create a schedule while waiting for the service to be authorized but once the authorization is uploaded into HHA's system, the agency administrator may need to reenter the schedule.	X	X	X
200	7/9/2021	EVV	If both members are scheduled at the same facility on same day, how will they clock in/out when they won't be home in between visits while accompanying the members.	ADW, TBIW and PC Personal Attendant and Direct-Care services have a 1:1 ratio therefore the worker must clock out after providing service to one member before clocking in to provide service to another member. HHA's system allows workers to clock in/out in the community as well as in the member's home. When a worker clocks in/out in a location other than the member's home, the system will flag the visit for the agency administrator.	X	X	X
199	7/9/2021	EVV	How do we do in/out if worker has 2 clients in same home and is at Dr. appt with first client which runs into 2 nd clients time? Ex: client 1, 8:00-12:00, client 2, 12:00-4:00. Didn't get back from Dr. appt until 1:30. Does worker clock out @ 1:30 for 1 st client and clock in @ 1:30 for second client, will the worker then work until 5:30 to cover the client for 4 hours or will they end at 4:00 which was the end of regular schedule?	In this scenario, the worker was unable to follow the schedule for the 1st client due to the doctor's appointment. These exceptions to members' schedules are sometimes unavoidable and the worker would continue to provide service/support as needed and then clock out when the appointment is completed. The worker would then clock in to provide services to the 2nd client and depending on the client's needs and the worker's availability, would clock out at the scheduled time or work over. The agency will monitor the hours billed and adjust schedules as needed when these types of exceptions occur.	X	X	X

198	7/9/2021	EVV	In what situation would we assign temp as a temp caregiver because shouldn't all the agency employees be in the system no matter what?	All workers that provide ADW and TBIW PA and CM services as well as PC Direct-Care workers are required to be enrolled with Gainwell and uploaded into HHA's system. This allows the workers to clock in/out using EVV. Agencies may assign or schedule temp or back-up workers prior to a visit or the assignment/schedule may be created following the visit.	X	X	X
197	7/9/2021	EVV	With the new electronic billing through the EVV system, will we need to enter each day, even for one person who works the same schedule for the same member each month?	It is planned that HHA will implement the billing function of the EVV system in September. In July and August, HHA will conduct training and testing of the billing function with agencies. As workers clock in/out and the system records visits, agency administrators will approve the visits to be billed. The approved visits will automatically be submitted as claims to Gainwell on a daily basis.	X	X	X
196	7/9/2021	EVV	Is there a timeframe to enter visits manually? Can it be the next month?	There is no timeframe or deadline for agencies to manually enter a visit in HHA's system. However, it is recommended that agencies enter visits and make necessary corrections to visits as soon as possible following the date of service.	X	X	X
195	7/9/2021	EVV	To access EVV, do you need an NPI number?	All workers that provide ADW and TBIW Personal Attendant and Case Management services as well as PC Direct-Care services are required to be enrolled with Gainwell. Each worker must have an individual NPI number in order to be enrolled. The worker's NPI number is the unique identifier in both HHA and Gainwell's systems and this ensures there is no duplication of billing across programs and/or members.	X	X	X
194	7/9/2021	EVV	We are running into an issue with members who are transferred. It is taking a very long time for them to show up in Gainwell. We have tried to get around this by entering a temporary service, and when the service is provided, we have to delete the temporary visit and add the actual service. This seems like duplicate work.	BMS is working with BoSS and Kepro to shorten the processing time for transfers and related authorizations to the new agency. Rather than creating the temp service, the "transfer-to" agency should contact BoSS and/or BMS if there's a significant delay the transfer being processed.	X	X	X

193	6/25/2021	CFCM	Can we expand to other counties to offer Case Management services?	The limitation on agencies serving "no more than 8 contiguous counties" will be removed when the Policy are updated in the upcoming months. In the meantime, if your agency is considering expanding to additional counties, please contact LuAnn Summers (ADW) or Teresa McDonough (TBIW) to request an exemption to the current policy.	X	X	
192	6/25/2021	CFCM	What is BMS' plan for CMA providers that can't make money doing just case management? Some are deciding not to provide case management services any longer.	BMS is currently searching options to increase rates and reduce unnecessary restrictions for Case Management services.	X	X	
191	6/25/2021	CFCM	A dual services member chose our agency for PC services and there are only 2 case management agencies in the area. Who decides who gets this member?	Members have the freedom to choose service providers. Conflict-Free Case Management is on hold for existing members but new members and those that voluntarily request to transfer to a different agency are required to choose a Case Management agency that is not conflicted with the agency/agencies that provide waiver Personal Attendant or Personal Care services. In a county where there are two provider agencies, one would provide CM while the other provides PA and PC services. If this is not possible due to the member's needs or the agencies' ability to meet the member's needs, please contact BMS to request an exception.	X	X	X
190	6/25/2021	CFCM	We are a small agency and may only have one case manager. The CFCM requirement to have different staff for cases that are conflicted,	Since CFCM probably will not be enacted for quite some time, those requirements are not in place for now. However, when CFCM is enacted, policies will have to be	X	X	
189	6/25/2021	CFCM	Regarding CFCM, if the PA agency doesn't have staff but our agency that provides both CM and PA services does have staff, can we accept/keep a member?	Please keep in mind that Appendix K suspends the requirement for existing members to comply with Conflict-Free Case Management. This means that existing members may continue to receive all services through a single agency. For new members and existing members	X	X	

188	6/25/2021	COVID-19	Is it a HIPAA violation to ask someone if they have been vaccinated?	It is not a HIPAA violation to ask an employee or a program member about their COVID-19 vaccination status. However, agencies must be prepared to explain why this is being asked and what will be done with the information provided. Information is available through the following link: https://www.hipaajournal.com/is-it-a-hipaa-violation-to-ask-for-proof-of-vaccine-status/	X	X	X
187	6/25/2021	Forms	On the Word version of the Assessment form, it states that we are not to change anything on the form. Can we change boxes or unbold	You may make additions and/or formatting changes to the forms but cannot remove information already on the forms.	X		
186	6/25/2021	Forms	We are having a very hard time with the new CM Assessment and Service Plan forms. We cannot copy and paste and it is taking a very long time to enter all of the member information again in the new forms.	PDF and Word versions of all forms are available through BMS' website The word versions allow users to copy/paste member data into the new Assessment and Service Plan documents..	X		
185	6/25/2021	Non-medical Transportation	Is there any plan to increase the mileage rate for travel?	The travel reimbursement rate for the waiver programs is consistent with the NEMT rate. There is no plan to increase the rate at this time.	X	X	
184	6/11/2021	EVV	For new clients, who is responsible for getting them in HHA?	Once applicants/members are activated and receive an authorization from Kepro, the information should be	X	X	X
183	6/11/2021	Member Enrollment	Our agency is waiting on a couple of applicants to be enrolled. Will they go past July?	If the applicant has a slot, DHHR/BoSS will keep working to enroll the applicant. The goal would be to provide services before July 1 to be able to be counted as a slot, however if that does not happen, they will be counted for the next FY.	X		

182	6/11/2021	PERS	Regarding the PERS unit, if someone passes away or moves or transfers to another agency, who is responsible for getting the unit back? If it was in the agency's name, we could be charged up to \$200 if we can't get it back.	The agency would be responsible for retrieving the PERS unit. BMS would suggest possibly having a member agreement up front explaining that if they leave your agency, they must return the unit or make arrangements to allow an agency staff to retrieve the unit.	X	X	
181	6/11/2021	Rate and wage increases	Has there been any more discussion about increasing the rate for case managers?	BMS has received large amounts of feedback regarding the increase to \$90 not being adequate. BMS understands the increase in responsibilities for ADW case managers with transfers, quarterly visits, travel, etc. For some members,	X	X	
180	5/28/2021	COVID-19	What if a personal attendant or member refuses the vaccine?	For various reasons, some Personal Attendants and members may not get vaccinated. For their protection, agencies can continue virtual meetings, assessments, and service planning. Recent CDC guidance dropped mask requirements in most settings for vaccinated people but when face-to-face visits are eventually reinstated, agency staff may choose to wear PPE and take precautions when working with members and others that are not vaccinated.	X	X	X
179	5/28/2021	COVID-19	Our agency believes they received the 0.25 cent per unit payment however, the deposit we received from Gainwell, did not reimburse for the full amount. What should the agency do?	Gainwell is issuing the \$0.25 per unit (\$1.00 per hour) payment separately for each program. ADW payments were the first to be issued, followed by PC payments and TBIW payments will soon be released. It has been determined that the ADW payments were miscalculated and BMS is currently working with Gainwell to issue supplemental ADW payments to correct the error. If an agencies identifies an error with any of the payments, please notify Randy Hill.	X	X	X
178	5/28/2021	EVV	When a PA does essential errands for the member, does she have to clock out of EVV and then clock back in when she gets back	Since policy allows PAs to bill for performing essential errands, the PA would not clock out to perform the errand. Occasionally, PAs work more than one shift per	X	X	X

177	5/28/2021	EVV	We received a list of Authorization Codes from Kepro but some don't match. What do we need to do?	The implementation of EVV required Kepro to create new authorizations for ADW and PC services for March 1, 2021 and later. These new authorizations were emailed by Kepro to the provider agencies. Please contact Kepro if you have not yet received them. When submitting ADW and PC claims with dates of service March 1 or later, agencies must use the new authorization numbers on their claims. Claims with dates of service March 1 or later will be denied if submitted with the original authorization number.	X		X
176	5/28/2021	EVV	For Personal Care clients, who installs the FOB, the nurse?	The PC nurse will be responsible for installing the FOB since there is no Case Manager required for PC services.			X
175	5/28/2021	EVV	Where do I sent the FOB order form?	Please email completed FOB order forms to Randy Hill at BMS. Randall.k.hill@wv.gov	X	X	X
174	5/28/2021	PERS	When are PAA agencies required to start providing PERS services?	There is no deadline. Agencies are currently researching potential PERS vendors and are encouraged to begin offering the service as soon as possible.	X	X	

173	5/28/2021	PERS	Is the agency responsible for offering PERS for ADW CM clients, or is it ADW PA clients? I was under the impression it was PA but then on a recent call, it sounded like it was PA.	Since PERS is a service, it would be viewed as a conflict if provided by the Case Management agency. Therefore, the PA agency is responsible for offering the PERS service. The PERS is not a mandatory service, members may choose to have the service in order to increase their safety.	X	X	
172	5/28/2021	PERS	Can the PC program also get PERS units?	Currently, PERS is not a service offered through the PC program.			X
171	5/14/2021	CFCM	I just need clarification on the 4 year degree in an approved Human Services field. Does this still require a temporary Social Work License or do you just need to complete the online training?	Under the present Policy, Case Managers are not required to be licensed. Individuals with a temporary Social Work license can provide Case Management services if they meet the requirement of a 4 year degree in a Human Services field and complete the online Case Management Certification training.	X	X	
170	5/14/2021	CFCM	I understand as of April 1 2021 we can start billing \$90 monthly for CMS, so if a service plan was done then (April) we would do the next one in 3 months?(July) Would the PA agency also be on the phone call in 3 months doing their part as well or is just the CMS? I have talked to several of them about this and	A new service plan does not need to be done at each quarterly visit. Service plans are required annually and are to be reviewed/updated within six months. The additional quarterly visits allow the Case Manager to more frequently observe the member and monitor health and welfare. The Personal Attendant nurse is only required to be present at visits when the service plan is	X		
169	5/14/2021	COVID-19	Regarding the vaccine, is it going to be required?	BMS is not mandating that members or agency staff must be vaccinated but will continue to follow the directives issued by the Governor.	X	X	X
168	5/14/2021	COVID-19	Is there a time estimate of when face-to-face meetings will resume?	Under the current Appendix K, face-to-face visits remain optional but agencies report that they are returning to face-to-face visits as their Case Managers and members are fully vaccinated. The end-date for this and other COVID-related policy exceptions in Appendix K is "six months after the public health emergency has ended."	X	X	X

167	5/14/2021	COVID-19	If a member's Medicaid card has expired, can they still receive PC services? I know coverage was extended due to the pandemic but not sure if this is still happening.	At this time, DHHR is not closing cases/discontinuing coverage. Members should be encouraged to renew their Medicaid coverage as soon as possible but PC (and Waiver) services may continue to be provided.	X	X	X
166	5/14/2021	EVV	Our agency had an employee quit because her husband was worried EVV would track her with the tablet our agency provided. A few days later, the member who she cared for called and said they were going to transfer to another agency and the worker was going with them. We asked about the concern over EVV and the member stated she would not be using EVV with the new company. Is EVV a choice?	EVV is mandatory for all Homemakers and Direct-Care workers that do not live with the member. It's possible that the new agency plans to have the worker enter visits using the member's landline or a FOB. It's unfortunate that no matter what facts and assurances are provided, some workers continue to believe false theories about EVV.	X	X	X
165	5/14/2021	EVV	In the HHAExchange site how can you tell if the patient is a Personal Care patient or a ADW patient? I of course know which of my patients are which – but I'd like to know if they are in the system correctly – and I have one patient who is Personal Care with our agency and ADW with another agency. Since only my ADW patients are in the system and this one Personal Care patient is showing and no others – I don't know how to tell if they have her as a Personal Care client for me and not ADW.	In HHA's system, you can identify what services are approved for a member by checking service codes in the members' authorizations that are uploaded from Gainwell.	X	X	X
164	5/14/2021	EVV	The EVV system shows the caregivers' whole social security numbers plus their full names and dates of birth. It would be so easy for someone to steal their information. Once entered, can this data be hidden? Usually only the last four digits of the social security number is shown.	Agencies can limit the information in HHA's system that can be viewed by specific user types. For example, if you want only your Administrator users to be able to view the workers' SSN or birthdate, you restrict this information by setting the permissions for other users. HHA's support team can assist but it's a simple edit. The link below is to a job aid that explains how to assign and remove permissions for user roles: https://s3.amazonaws.com/hhaxsupport/SupportDocs/Enterprise/Job+Aids/Enterprise+Job+Aid+-+Creating+New+Users.pdf	X	X	X

163	5/14/2021	EVV	CMS is requiring the FOB to be installed by an entity that is separate from the agency that provides the service that is tracked through EVV. Once CM begins using EVV for home visits, how would CM be considered a separate entity?	The 21st Century CURES Act mandates that EVV is used to track Personal Care/Personal Attendant services provided by a worker that does not live in the member's home. WV has chosen to require Case Managers to use EVV when conducting face-to-face visits in the members' homes. Ideally, an entirely separate entity would carry out the simple installation of the FOB device in the homes of members that are unable to have workers clock in/out through the preferred mobile app or landline methods. But, this was not feasible therefore the Case Manager was chosen to perform this task. Most Case Managers will choose to use the mobile app for home visits even though a member may have a FOB that's used by the PC/PA worker.	X	X	X
162	5/14/2021	EVV	If the CM installs the FOB, the member transfers and then a new member does not utilize a FOB, what then?	If a member no longer needs a FOB, it is to be returned to BMS. This would also apply if a member passes away, leaves any program requiring EVV, etc. BMS will put together a Fact Sheet to cover processes not covered in HHAX's User Manual.	X	X	X
161	5/14/2021	EVV	Can a member refuse to have a FOB installed in their home?	Agencies should explain to members that the FOB is a small device, it does not have a camera or other means of monitoring the member, and can be installed so that it is inconspicuous. However, if a FOB is the only means of utilizing EVV and a member refuses to have it installed in their home, please contact BMS and we will review these	X	X	X
160	5/14/2021	EVV	Regarding the FOB's, are they installed in every members home?	FOB's are only to be used when the mobile app or member's smart phone are not an option for accessing EVV. I Fob's should not be ordered as a back-up for when these other methods are temporarily unavailable (worker forgets smart phone, member's landline is not in service, etc.) Agencies should have a plan for these occurrences.	X	X	X
159	5/14/2021	EVV	If a member transfers, is the CM responsible for revising the FOB information?	If a member transfers, the FOB remains in the member's home. The new Personal Attendant agency may not require the FOB but if so, the new agency will be responsible for associating their worker with the member once the new agency's authorizations are uploaded from Gainwell to HHA's system.	X	X	X

158	5/14/2021	EVV	Does the CM order the FOB's?	The form does require some information from the PAA, so the CMA and PAA will need to work together to complete it. Either the CMA or PAA can submit the completed form to BMS.	X	X	X
157	5/14/2021	EVV	If we're not yet conducting face-to-face meetings with members, do we still need to install FOB's?	No. Installing FOB's is not required until face-to-face visits with members are reinstated. If your agency is doing face-to-face visits with some of your members, you may go ahead and install the FOB for those members but this is not required.	X	X	X
156	5/14/2021	ARPA Rate increases	Since Appendix K has been approved, when will we receive the \$1 supplemental rate increase?	The retroactive \$1/unit rate increases for July 1 to Dec. 31, 2020 were processed by Gainwell last week and agencies should have received the payments this week.	X	X	X
155	4/30/2021	Authorizations	If providers have not been issued the agency specific authorizations prior to their March Billing and they can no longer obtain these authorization from Kepro through Care Connection, how do they process claims without these authorization?	Kepro is currently sending the new agency-specific ADW and PC authorizations to providers via secure email. Please contact Kepro if you have not yet received your new authorizations.	X		X
154	4/30/2021	Policy	We have begun using the new ADW forms even though we are aware there may be edits or corrections to them. Is this okay?	Yes, agencies may begin using the new forms on April 1. If changes are made to the forms, the revised documents will be distributed to agencies and posted on BMS and BoSS websites.	X		

153	4/30/2021	Case Management	Do we start using the G9002 code with the U1 modifier for ADW Case Management billing for April and I assume you will tell us the rate?	Yes, the new ADW codes and fees began on April 1, 2021. The fee for CM will remain \$90 for now however, it is being reviewed and will be changed. The rate change will be announced asap and is planned to be retroactive to April 1, 2021.	X		
152	4/30/2021	Policy	Who approves the use of electronic records for Personal Attendant services? We have duplicated documentation - paper and electronic - for four years and no one at BMS seems to have the authority to say we can quit paper handwritten documentation.	HCBS programs do currently allow agencies to have electronic record systems. It is the agency's responsibility to ensure the electronic documentation contains all information required by policy. It is not necessary for agencies to maintain dual electronic and paper documentation but agencies must have a secure back-up for electronic documents in case of system failure or	X	X	X
151	4/30/2021	EVV	Since our caregivers are still not in the HHAExchange yet and neither are our PC clients, for billing, do we use the UK modifier for live in workers?	Effective with services provided on/after 4/1/2021, agencies are to bill for services provided by live-in workers using the service codes with UK modifiers. Services provided prior to 4/1 by live-in workers will continue to be billed without the UK modifier. It is not necessary to wait for members or workers to be uploaded to HHAX before billing with codes that have UK modifiers.	X	X	X
150	4/30/2021	EVV	Since we list attendants using the FOB would an attendant not listed not be able to utilize the device? i.e. Sub provider?	The FOB ordering form requires agencies to enter the names of workers that will be using the device to clock in/out at the member's home. It is not a problem if a worker is accidentally left off the form, a different worker subs for the regular worker, or if a new worker is hired after the form has been submitted.	X	X	X

149	4/30/2021	EVV	If we used a scheduling system that wasn't prepared for HHA as aggregator and we chose the free service, can we change if the company we used can send the required information to HHA?	Agencies that have chosen to use HHA's free EVV solution may change to a different EVV vendor. Before making this change, agencies should share HHAX's file specifications with the potential new vendor to ensure the new vendor can submit EVV data as required. HHAX's file specifications, testing requirements, etc. are available on HHAX's website and agencies are encouraged to contact HHAX for technical assistance before proceeding with the change to a different vendor.	X	X	X
148	4/30/2021	EVV	My worker's call in/out are not registering in HHA Exchange or will give an invalid message. I still have client's not loaded, have emailed DHHR and HHA exchange and have been told these issues are fixed or will be fixed. Our concern at Wirt County COA is that we will be dinged for non-compliance for these issues.	There will not be penalties to agencies that have not yet been able to use the EVV system because their caregivers and/or members have not been uploaded to HHAX's system.	X	X	X
147	4/30/2021	EVV	I do not understand why CMA would need to install a FOB that the PAA is requesting, why not have the PA/RN complete the form and install the FOB?	In general, CMS requires the FOB to be installed by an entity that is separate from the agency that provides the service that is tracked through EVV. Having the CM install the FOB reduces the risk of fraud.	X	X	
146	4/30/2021	EVV	Are other Medicaid reimbursable services subjected to a Time Tolerance Window?	The time tolerance window deals with the clocking in and out of workers that are required to use EVV. The 21st Century CURES Act requires EVV for only certain HCBS services. EVV is not required for other Medicaid reimbursable services therefore the time tolerance window does not apply to those services.	X	X	X
145	4/30/2021	EVV	The FOB order form indicates that the mobile app and member's landline are not available options before a FOB can be requested. Shouldn't a FOB device be utilized in all houses? What happens if an DCW loses their phone or it is stolen and client information is on it? Our policies prohibit client information on mobile phones. Will BMS and/or BOSS provide new policies and be responsible for any breaches?	This is a good question but it is not necessary to have a FOB in every member's home as a back-up in case a worker is unable to clock-in/out as usual using the mobile app or member's landline. Should a worker's smart phone be lost or not available, the agency administrator can manually enter the worker's time in the EVV system. This is expected to occasionally happen and agencies should have a plan/process for these occurrences--i.e. document hours worked on a timesheet, etc. Please note that HHAX's and other qualified EVV vendors' mobile apps are secure and no protected information is stored on the worker's phone.	X	X	X

144	4/30/2021	EVV	Does the FOB Form have to be updated every time a member transfers to a new agency?	It is not necessary to update the FOB request form when a member transfers to a different PA agency. When a transfer occurs, the FOB remains in the member's home. Kepro will end-date the existing PA agency's authorization and issue an authorization to the new agency. The change to the existing auth as well as the new auth will be uploaded to HHAX's system so that the member will be reassigned to the new PA agency. This will allow the new agency to create the member's schedule and assign the workers to the member without having to update the FOB form.	X	X	X
143	4/30/2021	EVV	Will CM get training to install the FOB?	FOB's are installed using a simple zip-tie type apparatus that will attach to a drawer handle, refrigerator handle, etc. A learning guide for FOB use is available on HHAX's website.	X	X	X
142	4/30/2021	EVV	If all of our clients are not in HHA, should we go ahead and start with the ones that are in HHA? Or wait until they are all in?	It is not necessary to wait until all members and caregivers are uploaded to HHAX's system before beginning to use EVV. Agencies are encouraged to begin using the system as soon as possible and initially having only some workers using EVV will allow agencies to benefit from "lessons learned" before having all workers use the system.	X	X	X
141	4/30/2021	EVV	How does offering a Life Line work and how does an agency get reimbursed	The Personal Emergency Response System (PERS) is available to members that need and choose to have the device. The CM is responsible for documenting the PERS on the member's service plan and the PA agency is responsible for providing the member with the PERS unit. PA agencies must choose a vendor that offers PERS which meet policy requirements. The PA agency will claim for the actual cost of the vendor's monthly monitoring for the PERS. Please note that there are two types of PERS vendors; those that provide the equipment at no cost but charge a monthly monitoring fee and those that sell the equipment for a fixed price but charge no monthly monitoring fee. The PERS service available through the ADW and TBIW covers the cost of the monthly monitoring (up to \$50/month) but does not cover the initial cost of purchasing the PERS equipment.	X	X	

140	4/30/2021	EVV	If we have a client that has two workers and one worker is enrolled and in Gainwell and one isn't, should we go ahead and schedule visits for the days the enrolled worker is on the schedule?	Yes, you may choose to have the one enrolled worker begin using EVV while waiting for the other worker to be enrolled with Gainwell.	X	X	X
139	4/30/2021	EVV	We have 9 of our Personal Care clients not in HHA. Is there a timeline of when this will be fixed?	Kepro, Gainwell and HHAX continue to work through authorization issues that prevent members from being uploaded to HHAX's system. At this time it is not possible to give a specific date that these issues will be fully resolved.	X	X	X
138	4/30/2021	EVV	Please clarify whether a caregiver's NPI number has to be issued before they can provide services for participants.	Until Gainwell completes the enrollment of existing workers through the bulk enrollment process, agencies may continue to submit claims without the worker's NPI number. Agencies will be informed in advance of Gainwell requiring the worker's NPI number on claims.	X	X	X
137	4/30/2021	EVV	Should agencies manually enter their workers in HHA's system or do we wait for Gainwell to enroll them?	Agencies that have submitted their workers to Gainwell through the bulk enrollment process should not manually enter their workers in HHAX's system. Please wait until Gainwell has enrolled the workers. Once this is accomplished, the workers will be uploaded to HHAX. Manually entering the workers will result in duplicates that will need to be deleted from HHAX's system.	X	X	X
136	4/30/2021	EVV	If a worker arrives, clocks in, but then drops off the member somewhere at the end of their shift, how does the worker clock out?	Workers may clock in or out from locations other than the member's home but these visits will be flagged in HHAX's system. If a worker will regularly be clocking in/out from another location, the agency should add the other address to the member profile in HHAX's system. This will allow the worker to choose the correct location when clocking in/out.	X	X	X
135	4/30/2021	EVV	How are back-up workers documented?	If the agency knows who the back-up worker will be, the worker should be entered in the system and associated with the member. If an unplanned back-up worker is assigned to work with a member, the worker will be able to clock in/out but the agency's system administrator will be required to make adjustments in the system.	X	X	X

134	4/30/2021	EVV	What if the back-up worker uses the FOB?	A back-up worker should have no difficulty clocking in/out using a FOB. Each worker has their own user ID and the FOB device is independent from the worker. The agency makes the association of the worker to the member.	X	X	X
133	4/30/2021	EVV	What parameters will be set for the Tolerance Window?	BMS can set the Tolerance Window as tightly or loosely as BMS chooses. Currently it is not activated, but when it is turned on, providers will receive flags when someone clocks in or out, outside of the window. The system does round up or down, so it could affect billing. BMS will need to discuss further with HHA and updated information will be shared as the implementation date gets nearer.	X	X	X
132	4/30/2021	EVV	Once the Tolerance Window is set, how will agencies be monitored if workers are outside of the window?	The timeframe for the tolerance window will be incorporated into the monitoring/review process. For example, if the tolerance window is set at 8 minutes, the system will not flag the time in/out unless it is 8 or more minutes earlier or later than the worker's schedule arrival/departure time. Similarly, the BoSS and Kepro reviewers will apply the same tolerance window if the PAL indicates a discrepancy of less than 8 minutes.	X	X	X
131	4/30/2021	EVV	Is installing the FOB a billable service?	No, the FOB is required for administrative purposes therefore its installation is not a billable service. It is recommended that the FOB be installed by the CM during a routine scheduled visit with the member.	X	X	X
130	4/30/2021	EVV	I have some questions regarding claims not being paid due to member's having Medicare?	An edit in Gainwell's system is causing payments to be "withheld" for members that have Medicare or private insurance. Gainwell has been informed that this edit should not be applied to claims for ADW, TBIW or PC services. They are currently working on removing the edit and in the meantime, agencies may want to hold on submitting additional claims for members that have encountered this issue.	X	X	X
129	4/30/2021	EVV	Is there training available, recorded or written, on how to enroll workers in Gainwell's portal?	Gainwell provides regular webinars each month and information on worker enrollment is available. Dates and other information regarding the webinars may be obtained from your agency's assigned field representative. The webinar information is also included on the field representatives' emails.	X	X	X

128	4/30/2021	EVV	Are there any updates regarding the temporary rate increase from July 1 to December 31, 2020?	This rate increase has been requested through Appendix K which CMS must approve before the funds can be distributed to provider agencies. BMS will keep agencies informed on the status of the rate increase payments.	X	X	X
127	4/30/2021	EVV	If some, but not all workers are in HHA, should our agency start EVV?	It is the agency's decision if they want to proceed with EVV. Your agency could begin using EVV with the employees who are in the system to learn how EVV functions. You are not required to wait for all employees to be in the system. It should not create any issues if your agency would choose to do so.	X	X	X
126	4/30/2021	Forms	Please explain when the new ADW worksheets need to be implemented.	ADW agencies may begin using the new forms on April 1, 2021. However, agencies may continue to use the previous forms until November 30, 2021. For example, if a member's annual meeting is in July, the agency may choose to wait until that time to switch to using the new forms.	X		
125	4/30/2021	Non-Medical Transportation	Do we start using the A0160 code with the U5 modifier for ADW transportation at the new 42 cents a mile rate for April billing purposes?	Yes, the new codes and fees began on April 1, 2021.	X		
124	4/30/2021	Training	The "Extreme Safety Guide" was created in 2015, As nurses we generally do not use any information if more than 5 years old. So, can the "Guide" be updated.	The Extreme Safety Guide was developed by an ADW Quality Council Committee with input from law enforcement, APS, CM's, RN's, agency admin staff, member, behavioral health (mental health) and substance use disorder experts. It is a comprehensive guide and the information it contains is current and relevant. Please contact BoSS if you have recommendations for changes to the guide.	X		
123	4/30/2021	Training	Will TBI remove the EVV training requirement as well?	Yes. The revised Training Log is now on the BMS website for TBI Waiver.		X	

122	4/30/2021	Training	What is the 'Safety Training' that was mentioned?	The ADW program has added in the new manual, an initial Safety Training requirement for personal attendants. It is the Extreme Situations Guide (for ADW). The Guide is located on the BMS website, not the LMS website. The training will not be added to the LMS website. The Guide does include a test however, BMS will not be requiring it however if the agency wants to use it they may. Documentation indicating the Guide was reviewed is all that will be required for staff. For existing PA staff, this training can be done when other training requirements are due.	X		
121	4/30/2021	Transfers	For ADW, if transferring current CMA to different CMA and both steps are done in CareConnection, does email need to be sent to BOSS also?	Yes, BoSS will need to be notified of all types of transfers. A written transfer process guide is currently being developed.	X		
120	4/30/2021	Transfers	If transferring a participant to a different PAA, and the current PAA goes into Kepro's CareConnection and does the transfer process to select the chosen PAA, and CMA uploads the selection forms to the CareConnection, should an email be sent to BOSS also?	Yes, BoSS will need to be notified of all types of transfers. In the case of a transfer to a PAA agency, BoSS may need to complete the transfer in CareConnection as the CM will not be able to. A written transfer process guide is currently being developed.	X		
119	4/16/2021	Assessment	I may be overlooking it, but I do not see the option to document the date the assessment was provided to the member on the new CM Assessment	BoSS is adding this to the CM Assessment. This form, and other forms that were revised after they were emailed to providers on March 31, will be emailed to all providers.	X		
118	4/16/2021	Case Management Qualifications	Can you provide guidance on "human services" field? Are the only certain degrees that can be used	The list of acceptable Human Services fields was projected on the screen during the meeting. BoSS will be emailing it to providers again as a handout on our next call.	X	X	
117	4/16/2021	Case Management Qualifications	Is LPN considered for this CM position?	LPNs are licensed but do not have a degree therefore they do not meet the CM qualification for a 4 year degree.	X	X	
116	4/16/2021	Claims	How will we be reimbursed for denied claims from Gainwell?	Gainwell is tracking this so agencies do not need to follow-up. BMS is checking on this to find out if agencies will be reimbursed in one lump sum or per claims.	X	X	X

115	4/16/2021	COVID-19	Will members be able to remain on hold due to fear of covid exposure without risk of being closed? If so, do we know how long?	Yes, members can remain on Hold in CareConnection and go without paid services as long as agencies verify that their needs are being met by informal supports. This exception will continue until six-months after the official end of the public health emergency. Services will be phased back in at that time.	X	X	X
114	4/16/2021	EVV	What is the tolerance window for HHAX's system? If a worker clocks in within the tolerance window, will BoSS and Kepro accept the same window of time when reviewing the PAL? For example, worker clocked in at 8:05 a.m. but PAL indicates worker began providing services at 8:00 a.m.	Currently the tolerance window is set at 999 minutes so that workers can clock in/out early or later than scheduled without the agency administrator having to approve or make corrections. Prior to implementing the claiming function in HHAX's system, the tolerance window will be reduced--possibly to 7 minutes. In the meantime, each agency can set the tolerance window to their preferred number of minutes.	X	X	X
113	4/16/2021	EVV	I have a question for Gainwell for Friday's meeting. When the site issues be fixed so that we can bill? This is week 3 of same issues. Can't even log in.	The issue that was pending/denying claims for members that have Medicare or private insurance has been resolved. It is not necessary to obtain a denial from Medicare/private insurance prior to submitting claims to Gainwell for waiver or PC services. Kepro is assisting agencies that are having issues with the new agency-specific authorizations for ADW PA and PC services. These authorizations replaced the previously issued authorizations from March 1, 2021 forward.	X	X	X
112	4/16/2021	EVV	If a third party EVV vender is used do we have to use hhx's training?	No. If you are not using HHAX's system you are not required to attend their training. BMS will be removing this annual training requirement from policy.	X	X	X
111	4/16/2021	FAQs	Are the FAQ's on BMS's website?	The Q and A document has been posted on all three Web sites. It can be found under the Member/Provider Info tab.	X	X	X
110	4/16/2021	Member Enrollment	Can we get an update on the MEL?	Currently, slots are being released every Monday, so the Managed Enrollment List (MEL) is essentially non-existent right now.	X		
109	4/16/2021	Member Enrollment	With SDM referral to a CM Agency, does the CMA apply for member enrollment by submitting the Member enrollment and the DHS2 that was conducted by the DHHR worker to Kepro?	Case Managers are no longer required to submit the Member Enrollment Request or complete the DHS-2 for new applicants. Kepro and DHHR are handling that process now. The MNER and DHS2 process does still apply for existing members.	X		
108	4/16/2021	Forms	Will forms be available as PDF's?	Yes. As soon as the new forms are finalized, they will be added to BMS's website.	X	X	

107	4/16/2021	PERS	Is there a list of approved vendors for the PERS?	BMS does not currently have a list of approved PERS vendors. As agencies identify vendors that meet policy requirements, the agencies are encouraged to share information so that BMS can make a list of approved PERS vendors available to all providers.	X	X	X
106	4/16/2021	PERS	With PERS do the CM offer that or do the Homecare agency offer it to the member	CMS considers this a service and would be subject to conflict-free guidelines, therefore, PERS will be offered through the personal attendant agencies/PPL.	X	X	X
105	4/16/2021	ARPA Rate increases	Do you have an idea when the \$1 supplemental payment for ADW and PC services between 7/1/2020 - 12/31/2020 will be paid to providers?	BMS cannot begin processing the temporary rate increase payments until CMS formally approves the amended Appendix K. BMS will inform providers when this occurs.	X	X	X
104	4/16/2021	Training	How will we document the new required EVV and safety training? on the training record of course but the EVV training, is that the one that we have been using and providing for them there are several videos on these so which ones do we choose and give them	The EVV requirement is being removed. Agencies may be using another EVV system than HHAX so there would be no way to monitor this. The Safety training is for ADW only. It will be added to the training document form.	X	X EVV only	X EVV only
103	4/2/2021	EVV	On the EVV app you select green if you completed the duty, red if the member refused the duty and leave it blank if it wasn't performed at all. If the member is usually an assist with bath and they completed this on their own without assistance that day what would they select?	HHAX's training uses routine videos that show ALL the functions of their EVV system even though several of the functions are not applicable to WV. We are not requiring the worker to enter duties (tasks they performed for the member) in HHAX's system at this time. This function may be implemented at a later date and training will be provided at that time.	X	X	X
102	4/2/2021	EVV	Our agency is having many members coming up unenrolled in Gainwell. I know this has been reported but was not sure if anyone knew why this was happening and if provider agencies need to do anything about it?	Workers that have not yet been uploaded to HHAX's system are due to the time needed for Gainwell to process the agencies' bulk enrollment documents. Once this is completed, the workers will be enrolled in Gainwell's system and then uploaded to HHAX. Inconsistencies with member data (missing members, members being assigned to an agency even though the member previously transferred from the agency, duplicate authorizations for a member) are currently being researched by HHAX, Kepro and BMS. If you have not already done so, please notify BMS if you identify issues with the member data that has been uploaded to HHAX's system.	X	X	X

101	4/2/2021	EVV	I am unclear as to how we will be able to do away with timesheets. One of the options of verifying is with timesheets when the visit cannot be verified by EVV because of issues. If at this time, we are only to be clocking in/out, why are we required to do a duties list, should this not be enabled right now?	Workers that successfully clock in/out of the EVV system will not be required to also complete a timesheet because the EVV system will capture all information that is on a timesheet. But, timesheets or other means of capturing the data will continue to be needed when a worker is unable to clock in/out--i.e. worker not yet uploaded to HHA's system, worker forgot smart phone, etc. Having the worker document their services on a timesheet will provide the agency with the information needed to manually enter the worker's services in HHA's system. HHA's system includes the ability to enter the tasks/duties from the member's plan of care. Until further notice, the Personal Attendant Log (PAL) will continue to be required and workers will not be required to enter their duties in HHA's system. Once all agencies' workers are able to use the system for clocking in/out, we will consider implementing the duties function in the system. The PAL could then be discontinued since the information would be electronically captured in HHA's system.	X	X	X
100	4/2/2021	EVV	Do we need to enable -CAPTURE PATIENT SIGNATURE ON MOBILE APP in contract setup? Our videos show that as an example, and so far our workers don't have to have members sign to verify because we are using timesheets. Do you prefer us to leave it as is right now without signature?	HHAX's training uses standard videos that show ALL the functions of their EVV system even though several of the functions are not applicable to WV. We are not requiring the member to sign off each time the worker clocks out in HHA's system.	X	X	X
99	4/2/2021	EVV	For those workers who will be using the HHAX app to clock in/out, is the assignment ID that is mentioned on the brochure the same as the Time & attendance PIN listed for the caregiver on their profile on the HHA exchange website?	Yes, the Time & Attendance PIN is also referred to as the Assignment ID. This is a unique value that the caregiver uses when clocking in/out of EVV.	X	X	X
98	4/2/2021	EVV	How do we bill for those clients/ homemakers who will be using a FOB? Will there be a modifier for that?	No, you will still use the regular service code regardless of how the worker clocks in/out of EVV. i.e. mobile app, member landline or FOB	X	X	X
97	3/19/2021	Authorizations	When can we expect to receive new auth #'s?	New authorizations which include the agency's NPI have been created and are effective 3/1/2021.	X		X

96	3/19/2021	Authorizations	Will ADW authorizations continue to change monthly?	ADW PA services will continue to have monthly authorizations. The only change to the authorizations is that they now include the provider agency's NPI number.	X		
95	3/19/2021	CFCM	How does CFCM apply to an agency that is currently providing ADW and PC services? Our agency was told it does not apply to the provider agency and that we could continue to provide both Waiver and PC services to a client if that is their choice. Our agency would like some verification of this.	An agency providing waiver PA services can also be a PC agency providing DCWs. It is the CM agency that cannot provide Waiver PA or PC DCW services along with CM services to the same member.	X	X	
94	3/19/2021	CFCM	When will Care Connection be updated to allow CM access to Personal Options Participants?	BMS has been working with Kepro to allow both the CM and PPL RC to have access to member data in the CareConnection. This should be available by April 1.	X	X	
93	3/19/2021	CFCM	If ADW CMs will now be handling the transfers, what if a member or their family contacts PA agency requesting to transfer CM agency then they cannot handle this? It may be awkward for them to contact the current agency to assist with this.	Members have the right to choose service providers. If a member informs the PAA that he/she wants to transfer to a new CMA, the PAA can notify the CMA of the member's request. The CMA will then assist the member with the transfer. If there are extenuating circumstances that make it awkward for the PAA to notify the CMA of the member's request, the PAA may contact BoSS for assistance with the transfer.	X		
92	3/19/2021	Claims	Our agency rarely has to enter Auth #'s when billing, the Authorizations are already there, is this going to change?	Gainwell's system will attempt to "find" the appropriate authorization when an agency submits a claims that does not include the authorization number. Agencies are encouraged to enter authorization numbers on claims.	X	X	X
91	3/19/2021	Claims	Our workers effective date is 3-2-21. This will cause an error for billing as 3-1-21 is the first billing date of the month.	If a worker's enrollment form for Gainwell was signed/dated 3/2/2021, it could cause claims with that worker's NPI for date of service 3/1/2021. Please contact BMS if your agency has this issue.	X	X	X
90	3/19/2021	Claims	Our agency has been advised by our Gainwell field rep that we can no longer span bill. We were informed that we would need to bill daily for the different workers. This has resulted in up to 21 lines of documentation to do billing for one participant for the month. What was once able to be completed in four hours is now taking 8 to 10 hours to bill.	Span billing can result in pended or denied claims and is not recommended. Once claims are processed through HHAX's system, the agency will not be required to create the daily claims for each worker's visits. If an agency is currently span billing and is unable to change to daily billing, please contact Randy Hill at BMS.	X	X	X

89	3/19/2021	EVV	When will all members and employees be uploaded by Gainwell? We have MANY members missing.	There has not been an exact date shared with BMS as to when all information will be uploaded. Gainwell is working as quickly as they can. Should any additional information be available regarding a deadline, this date will be shared with providers.	X	X	X
88	3/19/2021	EVV	Should the workers be placing the exact EVV time on their POC or should they be rounding to the time that is on the POC. Example: They arrive at 8:02 am and are scheduled for 8am. What time do they write on their POC and if the times do not match, will the RN be required to write a note?	EVV allows for a window of time in regard to arrivals. If it is a short amount of time and/or within the window of time, it will not be necessary to provide explanation. The worker would also need to document the actual arrival time.	X	X	X
87	3/19/2021	EVV	My understanding is that someone else in the agency office would set up the profile, data, etc. program the FOB. The agency office would train the personal attendant on how to use the FOB. The Case Manager would take the FOB to the home and would install it. Is this correct?	Until face-to-face visits by the Case Manager are reinstated, FOBs will not be installed in the members' homes. The installation of FOBs does require the device to be programmed with the Device ID that is specific to the member's profile. Training on this and the installation process will be provided to agencies prior to the implementation of FOBs.	X	X	X
86	3/19/2021	EVV	Our agency is missing 5 members from the portal and we cannot determine who is responsible for putting them in the system or if we can add them. This delay is keeping our agency from starting EVV. According to the guidance letter our agency received, Gainwell enters the members however, our representative stated no, Gainwell only enters employees. HHAX stated it was our MCO that entered members; however, the Waiver program is not managed by an MCO.	Member, authorization and caregiver data from Gainwell's system is uploaded to HHAX's system. It is not necessary for agencies to manually enter the data. Gainwell's data includes both fee for service authorizations (ADW, TBIW, IDDDW and PC) as well as Managed Care Organization (MCO)authorizations (CSEDW). HHAX has been alerted that fee for service authorizations are incorrectly labeled as MCO authorizations and this is being corrected.	X	X	X

85	3/19/2021	EVV	Our agency has had several caregivers that have 2 clients in the same home that are having issues clocking out after clocking in to clock in with the second client.	Caregivers must clock out after providing services to the first member before being able to clock in to provide services to the second member. In cases where services are provided to two members living in the same home, it is recommended that the services be provided in separate blocks of time. i.e. 1st member served from 9:00 am to 12:00 pm and 2nd member served from 12:00 pm to 3:00 pm. This eliminates the need for the worker to clock in/out multiple times for each member. However, depending on the members' needs, it may be necessary for the worker to clock in/out more than once for each member.	X	X	X
84	3/19/2021	EVV	Our agency is having a lot of issues with the "GPS Signal Out of Range". When our agency contacted HHAX we were told that the "payor" needed to correct this issue. See HHAX comments below: Regarding the GPS tolerance increase, this is ruled by the payor and should not be adjusted on your end. Please coordinate with the payer to update the member's PIN location to allow your caregivers to clock in/out successfully with a good signal when using the mobile app.	Please contact BMS if a member's address is incorrect in HHAX's system and is creating problems when workers clock in/out of the system. BMS will update the member's address so that it is correct and consistent in HHAX, Gainwell and Kepro's systems.	X	X	X
83	3/19/2021	EVV	On the Patient Profile can we put the same phone number for more than one address? For example: For one of my members the address line 1 is incorrect (i.e., say it says 9 Elm St. when it should be 97 Elm St.). Our agency was told not to change address 1, therefore I added another line for address 2. We are assuming both addresses can have the same phone number.	You may enter the same phone number for more than one address but in this example, it is recommended that the phone number be associated with only the correct address that was manually entered. Please notify BMS of members that had incorrect addresses when uploaded to HHAX's system so that it can be corrected.	X	X	X
82	3/19/2021	EVV	On the Patient Profile where it is checked EVV required, can we, or should, we unmark this if they have a live- in worker?	Agencies may un-check the EVV requirement in HHAX's system when the worker lives with the member and is not required to use EVV. However, this is not required.	X	X	X

81	3/19/2021	EVV	Can we request to have an HHA Rep (like we do for Gainwell). This would be incredibly helpful.	HHAX has established Customer Service contacts specifically for WV. Please use the following: ☎phone: 866-983-4627 ✉email: Wvsupport@hhaeXchange.com	X	X	X
80	3/19/2021	EVV	If utilizing a member's landline phone for EVV, under the member's address dropdown box what do we pick, GPS or Home?	You would need to select home. The landline would not have GPS capabilities so you would not select GPS.	X	X	X
79	3/19/2021	EVV	Under member information do we need to pick a Coordinator or can we just use the Default? I would prefer not to use a specific person so that more than one person in the office would be able to perform this function.	Agencies may use the default. The optional Coordinator role is available so that agencies can assign members to specific Coordinators.	X	X	X
78	3/19/2021	EVV	Will the mobile app work on a Kindle Fire? Several homemakers are hesitant to install this app on their personal phones.	The mobile app is not compatible with a Kindle Fire or similar devices.	X	X	X
77	3/19/2021	EVV	Does the agency RN need an NPI number in order to bill on the RN Member Contact Form? e.g. if the RN needs to make a home visit for follow-up on an incident resulting in a POC change.	RNs that bill nursing services through the PC and ADW programs are not required to use EVV. Therefore agencies do not need to obtain NPI numbers for RNs or enroll them with Gainwell.	X	X	X
76	3/19/2021	EVV	Can you please tell us the number that workers will be using to call in and out from a landline phone? I did not see it on a brochure.	Please see question #46. Each provider agency should already have been assigned an 800 number unique to their agency. Workers that use the mobile app to clock in/out will not be required to call in because the app captures all required information for the visit. Please contact HHAX if your agency has not yet received the toll-free number.	X	X	X
75	3/19/2021	EVV	In HHAX information provided, it is stating the Medicaid number for an individual needed to be 10 numbers when they are in fact 11.	Provider agencies are issued a 10 digit Medicaid provider number. Program members are issued an 11 digit Medicaid number. Both numbers are required in HHAX's system.	X	X	X
74	3/19/2021	EVV	How fast will authorizations be uploaded to HHAX's system?	Authorization data from Gainwell is uploaded to HHAX's system each night. If you identified problems with your agency's authorizations in HHAX's system, please contact HHAX as soon as possible.	X	X	X
73	3/19/2021	EVV	Do we only enter the member schedule and not their plan of care correct?	At this time, only the member's schedule is required to be entered into the system. Use of other functions in HHAX's system, including the member's plan of care, may be considered at a later date.	X	X	X

72	3/19/2021	EVV	Case management will not have to enter the NPI number of the Case Manager when billing through Gainwell?	Currently the use of EVV for CMs have been placed on hold since home visits are not yet required due to COVID restrictions. However, once your agency's CMs have been enrolled in Gainwell's system, claims for CM services should include the CM's NPI number.	X	X	
71	3/19/2021	EVV	Our Gainwell Rep told me that the portal was not available yet to just use the bulk upload sheet.	As Gainwell continues to process agencies' bulk enrollment documents, manually enrolling new hires in Gainwell's portal may not be available. Each agency should contact their Gainwell representative to determine when the manual enrollment process will become available.	X	X	X
70	3/19/2021	EVV	If using a FOB and you call into EVV, is that number the agency specific number that you also use for telephony method to record the FOB number?	That is correct. Each agency was provided with an 800 number specific to their agency. Those numbers have already been distributed so if you still do not have your number, contact HHAX to obtain your number. FOBs have been placed on hold since it requires installation.	X	X	X
69	3/19/2021	EVV	Do we enter the workers visit when they turn in their timesheet to verify? This means we won't be able to confirm their visit until a week later.	BMS has recommended provider agencies continue to use their current timesheet process during the implementation of EVV. If the process involves weekly submission of timesheets, the agency would verify the worker's visit after receiving the worker's timesheet. Verification can be completed one week (or longer if needed) after the visit occurred.	X	X	X
68	3/19/2021	EVV	HHA has told me when the employees clock in and out, this will create the member schedule so you don't have to enter the schedule. Is this correct?	Member's schedules should be entered in HHAX's system prior to the worker clocking in/out. In some cases--such as when the member has a sudden change in need--the worker may be required to conduct a visit before the agency can adjust the schedule. When this happens, the agency can adjust the schedule to match the worker's actual clock in/out times. This should be done only when necessary.	X	X	X
67	3/19/2021	EVV	Are the FAQ's on BOSS's or BMS's website?	FAQ's will be posted to BMS' website as soon as possible.	X	X	X
66	3/19/2021	EVV	What is the name of the EVV mobile app?	HHAXeXchange Platform Mobile App	X	X	X
65	3/19/2021	EVV	What if there is an emergency (like the flooding and excessive snow) that causes cell towers and power to go out. How will the workers clock in and out with this system?	The mobile app allows workers to clock in/out even when in an area where there is no service. Following the visit when the worker returns to an area that does have service, the visit will automatically be uploaded to HHAX's system.	X	X	X

64	3/19/2021	ARPA Rate increases	On the letter attached with our handouts regarding the \$0.25/ unit retroactive pay for COVID pandemic. Will agencies be receiving this going forward as well?	Per the letter, BMS requested an increment reimbursement during the period of the Presidential and Secretarial emergency declarations. The increase of \$0.25 is retro-active from July 2020 - December 2020. This \$0.25 increase is for this time period only. Claims submitted with a date of service during this time period will be paid or reprocessed to pay with this increment. No action is required on the providers' part.	X	X	X
63	3/5/2021	Case Management	Last week on the call it was mentioned that Case Management would be doing the transfer of members. I wanted to ensure we are following the proper procedure. Currently we are completing the necessary paperwork and uploading in Kepro and then emailing the request as well. Are there any ancillary steps I may be missing?	Currently the Case Manager uploads the transfer form to Kepro's CareConnection which notifies BoSS of the request for transfer. Typically BoSS can quickly process the transfer but in some cases, it is difficult to find an agency to accept the referral. This is often due to the not available of workers that can meet the member's schedule or other needs. Effective April 1, the Case Manager will have a greater role in the transfer process. The Case Manager will continue to upload the form to the CareConnection but will be responsible for contacting the member's chosen agency and coordinating the transfer. This will be for all transfers including emergency transfers, Service Delivery Model transfers (Traditional/Personal Options), CMA transfers, PA transfers, involuntary agency closure transfers, and voluntary agency closure transfers.	X		
62	3/5/2021	EVV	When we submit billing for members whose PA's live in the home and did not get a NPI number, will we use the modifier code in the spot where the NPI number goes? If so do you know when we will have access to that code?	ADW Personal Attendant claims for services provided by workers that live in the member's home are to be submitted with service code S5130 UK. The UK modifier will identify the claim is for a live-in worker that isn't required to use EVV or have an NPI number. Therefore, Gainwell will not require the worker's NPI number to be included on the claim. Other than adding the UK modifier to the service code, the agency will use their current (pre-March 1) process for submitting claims.	X		

61	3/5/2021	EVV	Will Agencies be able to bill S5130 when two different PA's work on the same day for the same participant? Example. Member has an AM shift and a PM shift and two different PA's staff each shift. So it would be same code, same day, and two different NPI's.	The scenario of two workers providing service to the same member on the same day is common, particularly in the IDDW program. With the implementation of EVV and the requirement for the worker's NPI number to be included on the claim, the agency will have to submit two claims for that date of service. One claim for the AM shift for hours billed by worker A and a second claim for PM hours billed by worker B.	X	X	X
60	3/5/2021	EVV	For Providers that manually submit claims, where on the claim are we supposed to enter the worker's NPI number?	For paper claims, the rendering provider (worker) will enter their NPI in block 24J and the agencies (pay to) NPI in block 33a of the CMS1500 claim form. The link to the CMS 1500 billing instructions is: CMS-1500 Miscellaneous Claim (wvmmis.com)	X	X	X
59	3/5/2021	EVV	I have received conflicting information about agencies being required to enter workers' schedules in the EVV system. Please clarify.	It is necessary to create schedules in the EVV system so that the worker can be associated with the member. This allows the worker to clock in/out of the EVV system when providing services to the assigned member. However, there are times when a worker may be required to provide services at a different time than was planned/scheduled. In those cases, the worker will still be able to clock in/out but the agency administrator will be alerted of the unscheduled visit and have the opportunity to update the worker's schedule to match the actual time that services were provided.	X	X	X
58	3/5/2021	EVV	On the tri-fold for our DCW's, it has Duty #, Duty, Category, what is this?	Duty code is a term used in the EVV system to identify the specific tasks performed by the worker--i.e. (1) assistance with bathing, (2) assistance with meal preparation, etc. Currently, WV's EVV system does not require agencies to use this function.	X	X	X
57	3/5/2021	EVV	We were wanting to have meetings with our direct care staff to implement the EVV, will our members and workers be in our system by 3/15?	Gainwell continues to enroll workers that have been submitted by agencies through the bulk enrollment process. Please check HHAX's portal each day to determine if your agency's workers have been uploaded. Once the workers have been uploaded, you may create the workers' schedules and associate them with the member(s) they serve. Ideally, workers should be trained on the EVV system after their schedules have been entered.	X	X	X

56	3/5/2021	EVV	I read this was to eliminate timesheets, what about the log sheets that follow the care plan?	It will not be necessary for agencies to continue using timesheets for workers that clock in/out through EVV although some agencies may choose to continue to have workers complete timesheets. This is recommended at least during the first weeks of going live with EVV since workers will be learning the system and the timesheet can be a back-up if the worker is unable to clock in/out through the system. Documentation of the tasks completed by the worker (Plan of Care, Personal Attendant Log, etc.) will continue to be required.	X	X	X
55	3/5/2021	EVV	EVV/GPS tracking – Is this being done while working as scheduled, just upon clock-in or clock-out or all the time if app is on private cell phone?	Location tracking only occurs when the worker is clocking in/out of the EVV system.	X	X	X
54	3/5/2021	EVV	Is there a time limit, or window of time, for the homemakers to clock in/out? Example: they are to start work at 9am. How early can they clock in before or after their scheduled work time/ end time and not be non-compliant?	HHAX's EVV system can be configured with a "tolerance window" which is the amount of time the worker is allowed to clock in/out for their scheduled visit with a member. For example, if a worker is scheduled to work at 9:00 a.m. and the tolerance window is set at 5 minutes, the worker could clock in 5 minutes before 9:00 a.m. or 5:00 minutes after 9:00 a.m. without the system identifying an error. The tolerance window does not prevent the worker from clocking in/out, but will alert the agency if the visit falls outside of the tolerance window. Currently, HHAX has not implemented the tolerance window function so that agencies can become familiar with scheduling and other functions of the EVV system.	X	X	X
53	3/5/2021	Non-medical Transportation	Will the PA's NPI number be required when billing for the transportation/mileage code?	Non-medical transportation does not fall under EVV therefore the worker's NPI number is not required on claims for that service. If an agency would include the worker's NPI number on a transportation claim, it will not interfere with the processing and payment of the claim.	X	X	X

52	3/5/2021	WV CARES	Will WV Cares be extending their deadline past March 1st, 2021 for fingerprint requirements?	Please refer to the WV CARES memo dated 2/26/2021. It states that the exception for fingerprinting will no longer be in effect after March 1. Employees hired on/after March 1 and existing workers that are due for their 5 year background checks will be required to be fingerprinted. New hires and existing workers that were not fingerprinted while the requirement was suspended will have until Sept. 30, 2021 to get printed.	X	X	X
51	2/19/2021	EVV	What if I entered my workers in both the HHA and Gainwell systems?	It is not necessary to enter workers in HHAX's system because once Gainwell has completed the bulk enrollment of the agency's workers, the worker data will be uploaded to HHAX's system. If an agency has manually entered workers in HHAX's system, there may be duplicates when HHAX uploads the workers from Gainwell's system OR the upload of the Gainwell worker data may delete the workers that were previously manually entered into HHAX's system.	X	X	X
50	2/19/2021	EVV	What if members don't show up in the system?	Gainwell is working diligently to process agencies' bulk enrollment documents. When possible, Gainwell is correcting errors identified in the bulk enrollment documents. Once the workers have been enrolled in Gainwell's system, the worker data will be uploaded into HHAX's system through electronic file exchange. Please monitor HHAX's system daily to determine if your agency's workers have been uploaded.	X	X	X
49	2/19/2021	EVV	Some land lines are offered through AT&T using a modem. Will this work as a land line?	Landlines that operate through a modem will allow the worker to clock in/out using the agency's 800 number.	X	X	X
48	2/19/2021	EVV	If the client doesn't have a land line and the worker doesn't have a smart phone, can they call in to clock in/out?	In cases where the mobile app and landline are not options for the worker to clock in/out of the EVV system, a fixed object device (FOB) may be used. Due to COVID-19, FOBS cannot currently be installed in members' homes therefore workers in this situation will continue to document their time using the agencies' current methods (i.e. timesheet, PAL, etc.) Agencies will be required to manually enter the workers' visits into the EVV system.	X	X	X

47	2/19/2021	EVV	What number does the worker call to check in/out?	Workers that use the mobile app to clock in/out will not be required to call in because the app captures all required information for the visit. HHAX has provided each agency with a toll-free number to be used by workers that must use the member's landline to clock in/out. Please contact HHAX if your agency has not yet received the toll-free number.	X	X	X
46	2/19/2021	EVV	What do we do in situations where a worker lives in the same building as a member, but not with the member. How will this affect clocking in/out?	When a worker clocks in/out, the EVV system uses GPS to verify the worker's present location and compares that location with the member's physical address. The worker's physical address is not verified so there is no problem if the worker lives in the same building as the member.	X	X	X
45	2/19/2021	EVV	If there are errors on the bulk enrollment documents submitted to Gainwell, should we manually enter the workers in Gainwell's portal instead of waiting for the bulk enrollment documents to be processed?	Please do not manually enter workers in Gainwell's portal unless your Gainwell Field Representative has instructed you to do so. Gainwell continues to process the bulk enrollment documents and is correcting errors when possible. Your Field Rep will notify the agency if it is necessary to resubmit documents that contain errors that they cannot correct.	X	X	X
44	2/19/2021	EVV	If we can use the member's cell phone for EVV - is the answer yes if a smart phone -- but no if a flip phone?	The EVV mobile app must be downloaded to a smart phone or tablet in order for the worker to be able to be able to clock in/out of the EVV system. The mobile app uses GPS technology to verify the worker's location when clocking in/out. Similarly, clocking in/out using a member's landline verifies the worker's location. The mobile app cannot be downloaded to regular cell phones such as flip phones, Trac phones, etc., therefore these phones cannot verify the worker's location.	X	X	X
43	2/19/2021	EVV	On Gainwell site, does the NPI# for the Case Manager go in the box (Referring Provider NPI)? Does Case Manager start billing with NPI# on 3/1/21?	Correct--the Case Manager's NPI number is to be entered on the claim in the Rendering Provider NPI box. Please do not enter the Case Manager's NPI (or PA/DCW worker's NPI) on the claim until you have confirmed that the worker has been enrolled in Gainwell's system.	X	X	

42	2/19/2021	EVV	Most members use cell phones instead of land lines for their home phones. Can their phone still be used to make phone call?	It is not recommended that workers clock in/out using a member's smart phone. Using the mobile app on the worker's smart phone does not prevent the phone from being used to make phone calls, send texts or other functions.	X	X	X
41	2/19/2021	EVV	Our agency will need to use FOBs because some of our members don't have internet access at their homes.	The mobile app can be used even when the member's home does not have internet service. The worker can clock in/out through the app and later when the worker is in an area with internet service, the visit data will be transmitted to HHAX's system.	X	X	X
40	2/19/2021	EVV	If billing will be eventually be generated by HHAX's system, how will the Case Manager bill for services when they don't go to clients home for each service provided--i.e. phone calls, correspondence, etc.	Due to COVID-19, Case Management services will not be billed through the EVV system until face-to-face home visits are reinstated. At that time, Case Managers will be required to use EVV only when conducting the required home visits with members.	X	X	
39	2/19/2021	EVV	How are agencies to handle situations such as a worker saying their phone storage is full and they cannot download the mobile app, the member doesn't have a landline and the member refuses to allow a FOB to be installed in the home?	When the mobile app and the member's landline are not options, the FOB will be required to be used. The FOB is a small device that can be installed in an inconspicuous location in the member's home. If a member refuses to allow the FOB to be installed it may impact the member's access to services. Please contact the BMS Program Manager regarding specific cases to discuss possible resolutions.	X	X	X
38	2/19/2021	EVV	When will we have access to participants and caregivers in HHA portal?	Gainwell is sending caregiver files to HHAX so that the enrolled workers will be uploaded to HHAX's system. The first file was sent 2/19/21 and the second file was sent on 2/23/21. HHAX will continue to send files throughout March as they process the agencies' bulk enrollment documents. Once that's completed, agencies will be entering workers directly in Gainwell's portal and Gainwell will begin sending a daily file to HHAX. This means that you should see the worker in HHAX's system the day after you enter the worker in Gainwell's portal.	X	X	X

37	2/19/2021	EVV	Are only the caregivers using the EVV going to be generated through HHA exchange straight to Gainwell? The other caregivers will be billed through the Gainwell site directly?	Only caregivers that are required to use EVV are required to be enrolled in Gainwell's system. Once enrolled in Gainwell's system, the Caregivers will be uploaded into HHAX's system. As these workers clock in/out of the EVV system, HHAX will generate the claims to Gainwell. The claiming function of HHAX's system will be phased in at a later date. Until then, agencies will continue to submit claims to Gainwell using their current claiming process. Once HHAX's claiming function is implemented, agencies will be required to process claims only for workers that do not use the EVV system.	X	X	X
36	2/19/2021	EVV	Is Kepro going away since we are entering patients into the HHA? Are we accepting/ How are POC entered into the system?	Kepro will continue to authorize services for the ADW, TBIW and PC programs as well as performing all other current functions including enrollment of new members and member referrals to agencies. Agencies will continue to use Kepro's CareConnection to accept referrals, upload required documentation and other current requirements. Member and authorization data will be uploaded to HHAX's system through electronic file exchange.	X	X	X
35	2/19/2021	EVV	Are both the 3/22 and 3/23 dates required for ADW policy manual training? Or, do we attend one or the other?	You will only need to attend one date for the ADW training. TBI has only one date.	X	X	
34	2/19/2021	EVV	If a caregiver wants to add another phone, will the app need added on each phone being used and then it will generate a new mobile id# for each one?	A caregiver may use more than one phone but the mobile app will need to be downloaded to each phone.	X	X	X
33	2/19/2021	Non-Medical Transportation	How will we bill for transportation-non medical after March 1	Effective 4/1/2021, the service code for ADW Traditional Non-Medical Transportation will be A0160 U5 and the rate will decrease to \$0.42 per mile. For dates of service prior to 4/1, agencies will continue to bill using the existing service code and rate.	X		
32	2/19/2021	Public Comment Period	When will we get the new ADW and TBI Policy?	Agencies will be notified when the Policy are posted for the 30 day public comment period. This should occur within the next few days.	X	X	
31	2/5/2021	CFCM	Is the Conflict Free CM still going to be effective 4/1/21?	The implementation of CFCM for existing/active members has been delayed until further notice. New members and members that voluntarily request transfers will be required to choose conflict-free agencies beginning 4/1/2021.	X	X	

30	2/5/2021	COVID-19	When will RNs be required to resume completing assessments in the member's home?	This will depend on the date the national public health emergency is ended. Face-to-face assessments will not be mandated until at least October 2021. Currently, agencies and members have the option of completing face-to-face assessments but due to COVID, agencies are encouraged to continue doing assessments virtually.	X		X
29	2/5/2021	COVID-19	Will online CPR continue to be allowed after 3/31/2021?	Yes. Preventative measures currently in place through Appendix K will be extended for up to six months following the end of the national public health emergency (PHE). Currently the public health emergency is in place until April, 2021 therefore Appendix K measures, including online CPR will be allowed until October 2021.	X	X	X
28	2/5/2021	EVV	Do nurses need NPI numbers?	Nurses need NPI numbers only if they will be providing Case Management or Personal Attendant/Direct-Care services.	X		X
27	2/5/2021	EVV	Authorizations on claims for ADW S5130 services are currently not required on actual claims presently with Gainwell as they are pulled in by Gainwell. Will we be required to have an authorization number on all claims along with the NPI number of the prior authorization or will the authorization number pull internally within the Gainwell claim processing system?	Kepro is currently creating agency-specific authorizations for ADW Personal Attendant and PC Direct-Care services. These new authorizations will replace the existing authorizations and at that time, the prior authorization number will be required on the agencies' claims. This will be automatically done once the claiming function of HHAX's system is implemented. BMS will provide training on the new prior authorizations on 3/5/2021	X		
26	2/5/2021	EVV	Is entering the member's schedule into EVV required?	HHAX's system does require agencies to enter the worker's schedule. The worker can clock in/out of the EVV system on dates/times that have not been scheduled but the agency will need to update the worker's schedule in the system after the visit has occurred.	X	X	X
25	2/5/2021	EVV	Will the caregivers need to know their NPI numbers or is that just for the agency to use for billing?	Agencies that obtained NPI numbers on behalf of their workers should provide the NPI number to the worker. But, the workers' NPI numbers are primarily for the agency's use when enrolling workers in Gainwell's system and for tracking purposes in HHAX's system.	X	X	X

24	2/5/2021	EVV	Is there a list that can be printed or issued with the different modifiers and what is the effective date of their use?	During the provider Zoom meeting on 3/5/2021, BMS will provide training on the use of the UK modifier for live-in workers. Service codes with the UK modifier will not become available until 4/1/2021.	X	X	X
23	2/5/2021	EVV	Will we be filling out paper timesheets and doing EVV? If so, for how long? It was my understanding EVV was to replace paper timesheets.	EVV will ultimately eliminate the need for paper timesheets. The EVV system goes live on March 1st but agencies will continue to use their current billing processes, including timesheets until all workers are enrolled in Gainwell's system and all agencies are able to fully utilize the EVV system.	X	X	X
22	2/5/2021	EVV	It would be more efficient to our agency to be able to Direct Data Entry our new workers.	New workers can currently be directly enrolled in Gainwell's portal. Please contact your agency's Gainwell Field Representative prior to enrolling workers in the portal. Workers that have been enrolled in Gainwell's portal through the bulk enrollment process or through manual portal entry will be uploaded to HHAX's system through a file exchange beginning 2/22/2021. It is not necessary to manually enter workers in HHAX's system.	X	X	X
21	2/5/2021	EVV	When do agencies begin billing with the UK service code modifier for live-in workers?	Effective 4/1/2021, agencies will begin using the UK modifier on service claims for workers that live in the member's home.	X	X	X
20	2/5/2021	EVV	For workers that use mobile app on their phones, will there be an increase in data use in case they have prepaid phone with limited minutes?	The Mobile App can be used on Wi-Fi, so that it does not affect data usage. If the member does not have Wi-Fi in the home there is an offline mode for the app where the worker can clock in/out, and when they return to Wi-Fi they can transmit their timestamps.	X	X	X
19	2/5/2021	EVV	Since billing will not yet go through the HHAX system is span billing not yet being eliminated for those services subject to EVV effective March 1?	Span billing will remain available after March 1st for services that are tracked through EVV. Agencies may continue to use their current billing process, including span billing until future notice.	X	X	X
18	2/5/2021	EVV	Will workers be able to clock in and out if the member only has a cell phone in the home.	Cell phones are not able to be used for the telephony method. However, if it is a smartphone, and the member allows it, the worker could use the Mobile App on the member's phone.	X	X	X

17	2/5/2021	EVV	What if our workers are not active by March 1 for billing, mine still says submitted and new not enrolled	Although HHAX's EVV system goes live on 3/1/2021, agencies will continue to use their current billing process for submitting claims. Claims for services provided by workers that are not yet enrolled in Gainwell's system will be processed and paid. During March, Gainwell's system will alert agencies when claims do not include required information such as the worker's NPI or when the worker is not enrolled. At a later date, this missing information may result in the claim being denied.	X	X	X
16	2/5/2021	EVV	I believe I heard last call to upload any new hires through the bulk upload sheets for Gainwell through 3/1. After that the portal is to be used for enrolling workers in Gainwell's system?	Gainwell plans to discontinue the bulk enrollment (spreadsheet) process on 3/1/2021. Agencies still needing to submit bulk enrollment documents after that date are to contact their Gainwell field representative to make arrangements.	X	X	X
15	2/5/2021	EVV	What number do the workers call for Gainwell	Workers using EVV will not be required to contact Gainwell. HHAX will provide each agency with a toll free number that workers may use to clock in/out using the member's landline. Most workers will instead use the mobile app to clock in/out through a smart phone. Use of the mobile app will not require the worker to call in to the agency's toll free number.	X	X	X
14	2/5/2021	EVV	Will we be able to see in EVV what time our workers showed up and left in March when we're still billing through Gainwell in case they are being dishonest on their PALS?	Yes, HHAX's system will allow agencies to view each worker's EVV information including the time they clock in, clock out, location of service, etc. Agencies will be able to correct information in HHAX's system if it doesn't match the worker's PAL or other documentation.	X	X	X
13	2/5/2021	EVV	Has anyone been informed how to enroll direct care providers to Gainwell without the "middle man"? The spreadsheet to gain well is my middle man	Gainwell's bulk enrollment process (spreadsheet) allows agencies to enroll existing workers in batches rather than manually enrolling workers individually in Gainwell's portal. Gainwell has provided web-based training on the process for individually enrolling workers in their portal. Agencies may contact Gainwell to request this training and related instructional materials.	X	X	X

12	2/5/2021	EVV	Is there equipment we need (FOB etc.) or will there just be a phone number for the workers to call in to?	There are several methods for caregivers to clock in/out of EVV if using the HHA free EVV tools. Caregivers can use the member's landline to clock in/out via telephony. Using this method, the caregiver will call into the phone number assigned by HHAX to the agency. Caregivers may also use the Caregiver Mobile App as a GPS method of clocking in/out, or they can use a FOB device. Information will be forthcoming regarding the FOB, but telephony and the mobile app are the preferred methods.	X	X	X
11	2/5/2021	EVV	Will NPI numbers for Case Management services be required in Gainwell on March 1 as well?	Case Management services will not be required to be entered in HHAX's system until it is safe for Case Managers to resume face-to-face home visits with members. Effective 3/1/2021, claims submitted to Gainwell for Case Management services will be required to include the Case Manager's NPI number .	X	X	
10	2/5/2021	EVV	Will we be billing CM and direct-care workers that use the EVV system through HHA and then the workers that live in the member's home and services that don't require EVV will be billed through Gainwell?	After HHAX's EVV system goes live on March 1st, agencies will continue to submit all claims for services to Gainwell using the agencies' current billing process. At a later date, HHAX's system will create the claims for services that are entered by direct-care workers and Case Managers in the EVV system. Agencies will be informed in advance and provided additional training on the claiming function in HHAX's system.	X	X	
9	2/5/2021	EVV	It has been said that Live-in home care workers do not need NPI numbers. How will that affect billing if we need to put an NPI number when completing billing?	When submitting claims for services provided by live-in workers, agencies will add a "UK" modifier to the service code on the claim. This will distinguish the live-in worker claims from claims for workers that do not live with the member. Claims with the UK modifier will not require the	X	X	X

8	2/5/2021	EVV	Since EVV is not going to be implemented for Case Management at this time -do we still need to complete the LMS training and attend the webinars next week or can we wait until closer to the time for this to be implemented for CM?	Case Management agencies are welcome to complete the training now but the trainings will also be offered in advance of EVV for Case Management going live. Agencies will be notified at least 3 months prior to the go-live date for Case Managers being required to use EVV.	X	X	
7	2/5/2021	EVV	How will T1001 and T1002 be billed for the RN without the NPI?	T1001 and T1002 are not in scope for EVV. Nurses providing these services are not required to have NPI numbers or use EVV. Claims for these services will be submitted using the agency's current billing process.	X		
6	2/5/2021	EVV	Will billing with the employee NPI numbers be required on March 1st or will it be delayed?	Effective 3/1/2021, NPI numbers are to be included on claims for services provided by workers that are required to use EVV. During the month of March, claims submitted will be processed and paid (if there are no other issues with the claim) but Gainwell will issue a warning regarding the missing NPI number. Once the EVV system is in full operation, the warning will be eliminated and claims without the required NPI number will be denied.	X	X	X
5	2/5/2021	EVV	After EVV goes live will we bill through Gainwell or through HHAX?	HHAX's EVV system will go live on 3/1/2021 but providers will continue to submit claims through Gainwell using their current billing processes. The claiming function of HHAX's system will be phased in at a later date.	X	X	X
4	2/5/2021	EVV	Can HHA slides from today's presentation be shared?	All training materials are available under the Training tab on HHAX's website: https://hhaexchange.com/wv/ The slides from this presentation were also emailed to agencies.	X	X	X

3	2/5/2021	EVV	How do we register for HHAX webinars?	Information regarding HHAX webinars will be sent to each agency's contact person. You may also obtain this information through the Provider Information Center on HHAX's website: https://hhaexchange.com/wv/	X	X	X
2	2/5/2021	EVV	Our agency has not yet received a welcome	Please contact HHAX to confirm that you have submitted	X	X	X
1	2/5/2021	WV CARES	Does the WV CARES system now require agencies to screen workers for the DHHR Protective Services Registry	DHHR Protective Services Registry screening is not required by ADW, TBIW or PC policy. The WV CARES system recently added the option to screen workers against this registry but it is not required.	X	X	X