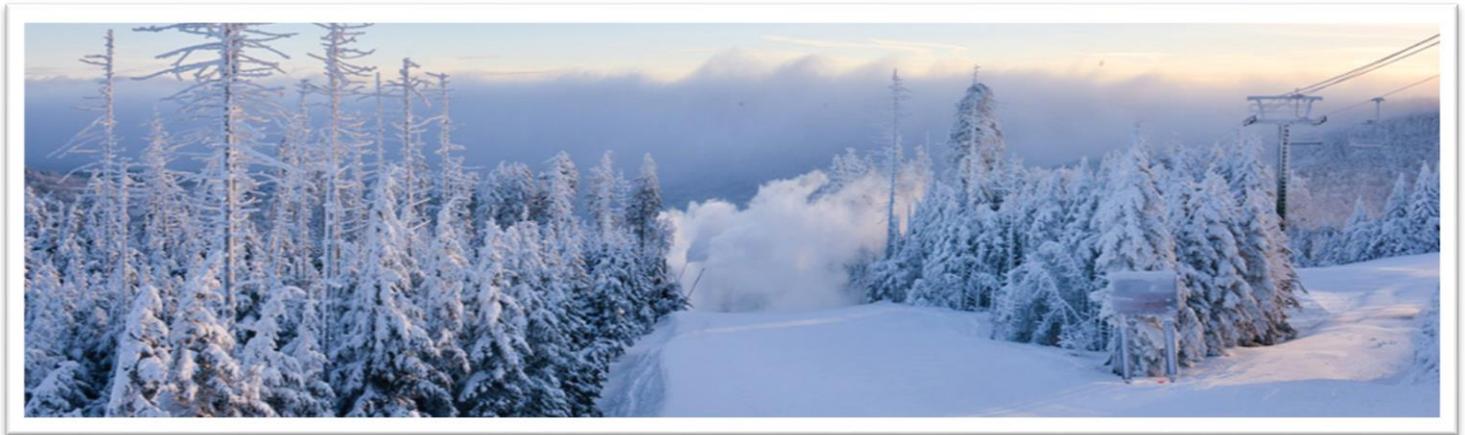


The Service Coordinator Corner



WV Winter Wonderland—As our beautiful state settles in for its long winter nap, the IDWW community continues to focus on providing quality services!



“It’s flu season!”

1. *Get a flu shot! While you run a small risk of still getting the flu, it’s likely to be much milder*
2. **Wash hands often—in a pinch alcohol-based hand sanitizer will do if soap and water aren’t available**
3. *Try to avoid contact with sick people*
4. **Cover your nose and mouth with a tissue when you cough or sneeze**
5. *Avoid touching your eyes, nose, and mouth as much as possible*
6. **Frequently clean and disinfect surfaces**
7. *If you have flu symptoms, such as high fever, chills, muscle aches, headache, cough, congestion, runny nose, and fatigue, promptly seek medical attention and avoid close contact with others*

Did you know?

According to the Anglo-Saxons, January was known as the “wolf month” because of the wolves who would search the villages for food during this time.



WANT TO AVOID DOCUMENTATION REQUESTS?

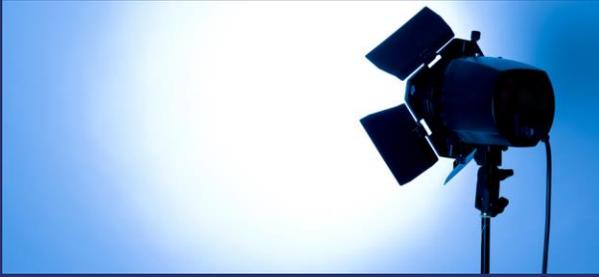
BE SURE TO PROOFREAD ALL DOCUMENTATION BEFORE SUBMITTING.

Common errors that result in doc requests include:

- Dates on IPP signature page and in body of document not matching
- Incorrect anchor date (including year)
- Missing required information such as names of staff, IHPs, crisis plan, tentative schedule, missing signatures of some attendees identified in meeting minutes

IT MIGHT BE HELPFUL FOR A CO-WORKER TO REVIEW THE DOCUMENT OR EVEN TRY READING IT BACKWARD TO CATCH ERRORS YOU MIGHT OTHERWISE MISS!





Quality Assurances Spotlight:

Health & Welfare

November's newsletter identified the six quality assurances with which the Center for Medicare and Medicaid Services (CMS) requires waiver programs to comply with in order to maintain approval. While Health & Welfare is not the first of the assurances, it's arguably the most important.

West Virginia monitors compliance with this assurance by collecting data on:

- Criminal Background Checks
- OIG Checks
- Acknowledgement of member/legal rep of ability to report abuse/neglect/ exploitation
- Reporting incidents into the Incident Management System (IMS) within timelines
- Following-up on reported incidents as required
- Cause of death on mortality report and death certificate
- Any unexplained, suspicious, or untimely deaths
- Restrictive interventions in Positive Behavior Support plans
- Coordination of healthcare needs
- Crisis Plans

This data is collected via provider reviews conducted by KEPRO, review of death certificates and mortality reports by a Mortality Review Committee, and daily monitoring of the IMS. In order to be considered compliant, a minimum score of 85% in each area is required. While the state does well in almost all areas, unfortunately we score **well-below** that threshold in two areas: entering and following-up on incidents and crisis plans.

To remediate the issue, KEPRO is currently conducting training with SCs on incident management and development of crisis plans that meet requirements. If you have question about any of these areas, contact your assigned PE.

INDIRECT LPN

Indirect LPN* services are those that do not require direct contact with the member, such as scheduling doctor appointments, documenting orders, and completing Medication Administration Records (MARs).

Up to 240 units over service limits are available for the provision of indirect LPN, but requesting approval can be a bit tricky. It helps to remember the following:

- Indirect LPN is only available to members who live in ISS or Group Homes and those who live in natural family settings and receive day services
- The DD-9 must clearly specify the total number of LPN units that are needed, and how that number will be divided between direct and indirect services
- Remember—any units over service limits can only be used for indirect activities
 - *Direct care service limit—ISS/GH: 35,040*
 - *Direct care service limit—ISS/GH with 240 units of indirect LPN: 35,040 + 240= 35,280*
 - *Direct care service limit—NF: 17,520*
 - *Direct care service limit—NF with 240 units of indirect LPN: 17,520 + 240= 17,760*

* IDWW LPN services are available to members aged 21 and older. Eligible members under age 21 may access Private Duty Nursing (PDN) via the Medicaid State Plan. For additional information, contact Allie Clay at BMS at Lillie.a.clay@wv.gov.

On January 3, 1921, West Virginia's capitol building burned to the ground. A temporary office-space was erected in Charleston in just 42 days.



January is national soup month!



BMS' WEBSITE INCLUDES USEFUL MATERIALS, SUCH AS THE MOST CURRENT VERSION OF ALL DD FORMS. YOU CAN ALSO FIND INFORMATION ON HOW TO APPLY FOR THE IDDW PROGRAM, POLICY, THE QIA COUNCIL, TRAININGS AND MORE! ACCESS IT BY GOING TO:

[HTTPS://DHHR.WV.GOV/BMS/PROGRAMS/WAIVERPROGRAMS/IDDW/PAGES/DEFAULT.ASPX](https://dhhr.wv.gov/BMS/PROGRAMS/WAIVERPROGRAMS/IDDW/PAGES/DEFAULT.ASPX)



“Winter is the time for comfort, for good food and warmth, for the touch of a friendly hand and for a talk beside the fire: it is the time for home.”

Where Do I Send....

Exceptions Requests?

DDWExceptions@kepro.com

Responses to Doc Requests?

IDDWDocRequested@kepro.com

Other Documents?

WVIDDWaiver@kepro.com

**When in doubt, most forms specify which email address to use.*

*Take Note—the “SC Cancel” function in CareConnection© is **only** to be used if an error is made in submission for authorization. It should not be used to resubmit requests rather than emailing the doc requested inbox.*

COMING ATTRACTIONS:

- IDDW Quality Improvement Advisory (QIA) Council
 - January 16, 2019 Bureau of Senior Services (BoSS) office at the Charleston Town Center Mall, 3rd Floor
- IDDW Quarterly Provider Meeting
 - February 27, 2019 via Webinar (Materials and access instructions will be sent at a later date)



ELECTRONIC VISIT VERIFICATION (EVV) MONTHLY UPDATE

The next EVV stakeholder group meeting will be held January 23, 2019. The State plans to contract with a single EVV vendor. The model involves the State procuring, funding, selecting, and implementing an EVV solution and managing the concerns and complaints from providers. DHHR is currently in the process of implementation planning and assessment, including researching a solution, working with CMS for funding, assisting stakeholders in developing a plan, and system selection.



On January 26, 1960, Burnsville, WV student Danny Heater, scored 135 points in a high school basketball game, earning him a place in the Guinness Book of World Records.



HOME-AND-COMMUNITY BASED SERVICES (HCBS): INTEGRATED SETTINGS RULE MONTHLY UPDATE

The State has requested additional clarification regarding Heightened Scrutiny requirements from CMS.

Specialized Family Care homes have been identified as settings that require HCBS compliance. BMS is working with WVU CED to incorporate HCBS reviews into the current SFC review process. Sincere thanks to Michelle Mount with CED for her gracious assistance.

Some changes have been made to the Service Coordination Home/Day Visit form to reflect some requirements of the Integrated Settings Rule. The updated form may be found at https://dhhr.wv.gov/bms/Programs/WaiverPrograms/IDDW/Documents/IDD%20Forms/IDD_03_SC%20HV-DV_06.19.18%20Final.pdf.

The monthly status report for November 2018 has been posted to the BMS website as well. It may be found at <https://dhhr.wv.gov/bms/Programs/WaiverPrograms/WVSWTP/Settings/Pages/SettingStatusUpdates.aspx>.

KEPRO is now doing all reviews of licensed settings/locations that have been identified as compliant by BMS. BMS will continue to do reviews for new providers or new settings. Please remember to contact Rose Lowther-Berman, Program Manager, at 304-356-4869 or rose.l.berman@wv.gov. These reviews are required before authorization for payment is provided.

The second annual data analysis will be finalized this month and will be incorporated into the State Transition Plan revision. It is anticipated that the revision will be submitted to CMS by the end of March 2019.

INDEPENDENT SERVICE COORDINATION MONTHLY UPDATE

With the focus on development of Independent Case Management in West Virginia, the SC's role, availability, and responsibilities are under review. The State currently has some key elements in place that form the base on which Person-Centered Conflict-Free Case Management is developed. SCs must be able to support members' rights on an ongoing basis.

Those rights include:

- being central to development of the service plan;
- having access to the general community;
- accessing or refusing services and supports;
- requesting changes to services, supports, providers, or service coordinators;
- making inquiries or complaints and appealing decisions made about the services and supports received;
- and receiving services in their preferred language in a culturally effective manner.

Service Coordinators are responsible to advocate on behalf of the individual, coach the individual to know his/her rights and to advocate for him/herself, and support the right of each member to make decisions and take risks based on informed choice and personal goals/values. Service Coordinators must also:

- be knowledgeable about public and private resources;
- be engaged in monitoring and revising service- and person-centered-plans;
- be creative in ability to use public and private supports and services to meet individual need; work effectively on behalf of the member across systems and agencies; and
- serve as a facilitator to bring individuals, families, and providers together.

While SCs should be available to assist and consult with providers to ensure services are delivered, they also have the responsibility to monitor the quality of services and supports received to ensure access and satisfaction.

SLOT RELEASES

Let's do it together! Providing Service Coordination to someone who is new to the program can be unfamiliar territory to the agency as well as the member. Don't worry! While there is a lot to know and do, help is available every step of the way.



First things first: KEPRO notifies the new member of the slot release date. That notice includes instructions to schedule the Annual Functional Assessment with KEPRO and to establish Financial Eligibility with the local DHHR.

After the Annual Functional Assessment is completed and Financial Eligibility is established, and the slot release date occurs, KEPRO will make a referral in CareConnection© to the member's selected SC agency. At that time, the agency should accept the referral and assign an SC. The status in CareConnection© will be changed from "Applicant-Eligible" to "Active." The SC will then be able to conduct the 7-day meeting and request authorization for services.



Good to Know:



- Provision of services may be delayed if any of the described requirements are not met
- **KEPRO will change the member's status in CareConnection© from "Applicant—Eligible" to "Active" on the slot release date if all requirements have been met**
- Any services, including conducting the 7-day IDT meeting, that occur prior to the date of slot release, are not billable
- **Services can only start after the 7-day meeting has occurred and requests for authorization have been approved**
- Before conducting the 7-day meeting, the SC should check the member's status in CareConnection© to verify that it is "Active"
- **If the status is still "Applicant—Eligible" this means that one or more of the requirements have not been fulfilled**

WHO'S MY ASSIGNED PROVIDER EDUCATOR?

Did you know that each agency is assigned a Provider Educator (PE) who provides technical assistance and policy clarification for agency staff when requested? Find your agency below -- assistance is just a call or email away! Janice Brown, KEPRO's Member/Family Liaison, can assist members and their families with any issues. Please call 866.385.8920.

Ken Hudnall

Email: khudnall@kepro.com

Phone: 304-444-0856

Logan Mingo Area Mental Health, Rescare Huntington, REM Bridgeport, JCDC, REM Morgantown, CSI, Autism Services Center, Rescare: Logan - Princeton, Arc of Three Rivers, Diversified Assessment & Therapy Empowerment Through Employment

Amber Powell

Email: apowell@kepro.com

Phone: 304-614-8571

Appalachian CHC, Rescare Clarksburg, Stepping Stones Cottages, Potomac Highlands Guild, United Summit Center, JCCoA, American Family Matters, Daily Companions, Inc., Rescare Eastern Hancock County SW, PACE Enterprises, REM :Keyser - Martinsburg

Susie Jarrell

Email: sjarrell@kepro.com

Phone: 304-545-1639

Mainstream Services, Pretera Center, PAIS Summersville, Stevenson, LLC Solutions Positive Behavior Strategies, PAIS Beckley PAIS Princeton Potomac Center, REM Paden City and St Marv's Tri-County BHS Fastidious Health Systems

Leah Redden

Email: lredde@kepro.com

Phone: 304-382-1918

FMRS Health Systems, Global Access, Rescare NE, Job Squad, Inc. PAIS Barboursville, Developmental Center & Workshop, Valley Autism Management Group, Westbrook, Sycamore Run, Arc of Harrison Co., NCG Acquisitions, Bright Horizons, Unlimited Possibilities

Craig Kelley

Email: craig.kelley@kepro.com

Phone: 304-588-0980

SW Resources, Northwood, REM: Parkersburg -Benwood - Follansbee, Mid-Valley, Horizons Center PAIS Parkersburg, Healthways, Inc, Russell Nesbitt Services, Rescare Parkersburg

Carissa Turrentine

Email: cturrentine@kepro.com

Phone: 304-508-8400

Integrated Resources, Seneca, Southern Highlands, New Hope Residential Open Doors, Inc., REM Beckley – Charleston, Council of the Southern Mts., PAIS SC, Rescare: Dunbar – Lewisburg – Beckley, PNB

Ashley Quinn

Email: aquinn@kepro.com

Phone: 304-993-8081

Stonebrook and Hopewell

Kara Young

Email: kyoung@kepro.com

Phone: 304-606-2443

CCIL and Hampshire Co Special Services

Josh Ruppert

Email: jruppert@kepro.com

Phone: 304-395-1640

Linx

WV I/DD Waiver

Direct Support Services – Living Arrangement Assessment

This assessment must be completed and submitted for all individuals who wish to change their current living arrangement to a costlier environment. *Examples include:*

- *Natural Family to any ISS setting*
- *ICF and/or LGH4+ to any ISS setting*
- *ISSx3 to ISSx2/ISSx1*
- *ISSx2 to ISSx1*

The Bureau for Medical Services (BMS) does not advise teams regarding an individual’s chosen living arrangement; however, prior authorization is required if the chosen living arrangement results in a more expensive array of services for the individual.

Section 1. General Information (complete this section for all requests)			
Date Submitted:	Click here to enter a date.		
Name of Person Who Receives Services:	Click here to enter text.	Record ID:	Click here to enter text.
Anchor Date:	Click here to enter a date.		
Date of IPP/Addendum where Team Agreed to Services Requested (must be uploaded to CareConnection©):	Click here to enter a date.		
Anticipated Start Date of Service Request:	Click here to enter a date.		
Service Coordination Provider Agency:	Click here to enter text.		
Residential Services Provider Agency:	Click here to enter text.		
Name of person submitting request:	Click here to enter text.		
Phone #/Extension:	Click here to enter text.	Email Address:	Click here to enter text.

Section 2. Reason(s) for Request: (complete this section for all requests and select all that apply)
<p>Please include a brief description of the circumstances related to the requested change in services. Click here to enter text.</p>
<p><input type="checkbox"/> A. Residence Ownership: Individual owns his/her own residence Complete section 7: Residence Ownership</p> <p><input type="checkbox"/> B. Residence Rental/Lease: Individual is currently in a lease/rental agreement Complete section 8: Residence Rental/Lease</p> <p><input type="checkbox"/> C. Maladaptive Behaviors: Individual has a history of extremely serious maladaptive behaviors documented as placing the member or others in imminent danger Complete section 9: Maladaptive Behaviors</p> <p><input type="checkbox"/> D. Medical Conditions: Individual has a medical condition requiring limited exposure to others</p>

Complete section 10: Medical Conditions

E. Other [Click here to enter text.](#)

Complete section 11: Other

Section 3. Roommate Review (complete this section for all requests—indicate the individual’s current and planned roommates, as applicable)

Record ID for Current Roommate(s)	Record ID for Planned Roommate(s)

Section 4. Requested Services, Ratios, and Units (complete this section for all requests—indicate ALL services requested for the entire service year so a total cost can be determined)

Service Description and Code	Ratio	Authorized Units (how many units are currently authorized in CareConnection© for each service? For services not authorized put N/A)	Requested Units (how many units of each service does the team project the individual will need during the service year?)
Example: Unlicensed PCS (S5125HI)	1:1	5,000	11,680

Any request for new or increased LPN services requires a DD9 uploaded to CareConnection© before the assessment can be processed.

By approximately how much will the requested services, if approved, cause the budget to be exceeded?
[Click here to enter text.](#)

Section 5. History of Living with Others: (complete this section for all requests)

- A. Does the individual currently live with others?
[Click here to enter text.](#)
- B. How many others receiving I/DD Waiver live with the individual?
[Click here to enter text.](#)
- C. Explain why the individual cannot access 1:3 or 1:2 services. Why are those less restrictive ratios a concern for the individuals health and/or safety?
[Click here to enter text.](#)
- D. Any additional information relevant to the individual living with others?
[Click here to enter text.](#)

Section 6. Explanation of Professional Services: (complete this section for any request to increase professional services)

Indicate why an increase is being requested for each professional service, as applicable.

[Click here to enter text.](#)

Example: Behavior Support Professional – Sally requires more BSP services because she has never lived with anyone other than her family. Services will address the change in environment and allow for revisions to her current goals and training of staff to meet her needs in her new home.

Section 7. Residence Ownership (complete ONLY if this item is selected in section 2 above)

- A. Is the residence attached to a family dwelling or on property shared by family, such as an attached apartment or mobile home that has been placed on the property?
- Yes (Describe:) [Click here to enter text.](#)
- No
- B. How many bedrooms are in the residence?
[Click here to enter text.](#)
- C. How long has the individual owned the home?
[Click here to enter text.](#)
- D. Is the name on the title/deed that of the person who receives I/DD Waiver services?
- Yes No
- If “no” is selected, whose name is on the title/deed? What is that person’s relationship to the individual?
[Click here to enter text.](#)
- E. Is the residence in trust for the individual who receives services? Yes No
- F. Any additional information relevant to the individual owning the residence?
[Click here to enter text.](#)

Provide the required supporting documentation:

- Proof of ownership, such as deed/title, current real estate property ticket
- Additional documentation that supports the request (list):
[Click here to enter text.](#)

Section 8. Residence Rental/Lease (complete ONLY if this item is selected in section 2 above)

A. When does the rental/lease agreement expire?

[Click here to enter text.](#)

B. How many bedrooms are in the residence?

[Click here to enter text.](#)

Provide the required supporting documentation:

Current rental/lease agreement

Additional documentation that supports the request (list):

[Click here to enter text.](#)

Section 9. Maladaptive Behaviors (complete ONLY if this item is selected in section 2 above)

Current ICAP General Maladaptive Behavior Index score:

10 to -10 *Normal*

-11 to -20 *Marginally Serious*

-21 to -30 *Moderately Serious*

-31 to -40 *Serious*

-41 and below *Very Serious*

Describe the problem behaviors preventing the individual from using the least restrictive services (i.e. 1:2 and/or 1:3): (Provide detailed information **including specific incidents with dates**. Include how long the individual has experienced the issue that prevents him/her from sharing a residence.)

[Click here to enter text.](#)

Describe the measures the team has implemented to address the issue preventing him/her from accessing 1:2 and/or 1:3 services:

[Click here to enter text.](#)

Has the individual ever shared a residence with others, excluding parents/family? (If yes, describe, including when and for how long, and events preventing the individual from continuing in the current setting.)

[Click here to enter text.](#)

Behavior Documentation is required. Indicate which type of data is included. If no behavioral documentation is available, please indicate why the team has not taken steps to formally address problem behaviors:

Current Positive Behavior Support Plan, Functional Behavioral Assessment, and 6-months of behavioral tracking (if PBSP is less than 6-months old, provide all tracking data from date of implementation)

Behavior Protocol and 6-months of behavioral tracking (if Protocol is less than 6-months old, provide all tracking data from date of implementation)

Behavior Guideline

No formal implementation of behavioral interventions (explain below):

[Click here to enter text.](#)

Additional documentation that supports the request (list):

[Click here to enter text.](#)

Section 10. Medical Conditions (complete ONLY if this item is selected in section 2 above)

Does the individual have a life-threatening condition characterized by frequent periods of acute exacerbation which requires frequent medical supervision and/or physician consultation? (If yes, describe, including name and description of diagnosed condition, date of diagnosis, and duration of condition.)

[Click here to enter text.](#)

Does the individual require frequent and time-consuming administration of specialized treatments that are medically necessary? (If yes, describe, including name and description of required treatments, and reason treatment is required.)

[Click here to enter text.](#)

If the individual does require such treatments, is there an available natural support who can assist with administration?

[Click here to enter text.](#)

Does the individual have a condition that requires limited exposure to others? (If yes, describe, including name and description of diagnosed condition, date of diagnosis, duration of condition, and reason limited exposure is required. Also, indicate the number of staff/visitors currently enter/exit the home on a regular basis.)

[Click here to enter text.](#)

Are there other medical reasons preventing the individual from sharing a residence with others? (If yes, describe, including name and description of diagnosed condition, date of diagnosis, duration of condition, and reason limited exposure is required.)

[Click here to enter text.](#)

Medical Documentation is required. Indicate which type of data is included:

- DD9, if applicable (for individuals with LPN services and/or LPN services requested)
- Physician's orders, if applicable
- Additional documentation that supports the request (list):

[Click here to enter text.](#)

Section 11. Other (complete ONLY if this item is selected in section 2 above)

Describe the situation including why the individual is seeking a change in living and why they are unable to access the least restrictive services (1:2 and/or 1:3).

[Click here to enter text.](#)

For consideration, provide supporting documentation, if applicable (list):

[Click here to enter text.](#)

*Provider should include this form with the clinical record for verification of any approvals.

For consideration, all supporting documentation described in applicable sections above must be included.

Anticipated Date of Move or Change:		Anchor Date:		# of Days Between Date of Move/Change and Anchor Date:	
Total Cost of Requested Services (Entire Service Year):		Assigned Budget:		Requested Over-Budget Amount:	
Reason for Request: (from section 3 above, choose all that apply)		Living Setting at Time of Annual Functional Assessment:		Living Setting Requested: Direct Care Services and Units Requested, including LPN:	
<input type="checkbox"/> Residence Ownership	<input type="checkbox"/> Natural Family/SFCP	<input type="checkbox"/> ISS x1			
<input type="checkbox"/> Residence Rental/Lease	<input type="checkbox"/> ISS x1	<input type="checkbox"/> ISS x2			
<input type="checkbox"/> Maladaptive Behaviors	<input type="checkbox"/> ISS x2	<input type="checkbox"/> ISS x3			
<input type="checkbox"/> Medical Conditions	<input type="checkbox"/> ISS x3	<input type="checkbox"/> Group Home 4+			
<input type="checkbox"/> Other:	<input type="checkbox"/> Group Home 4+				
Describe the Circumstances of the Change:					
Describe the Daily Breakdown of Requested Services:					
KEPRO RN Recommendations:					
Additional Information:					

Approval of Request is:

- RECOMMENDED:
- RECOMMENDED CONDITIONALLY:
- NOT RECOMMENDED

Name of KEPRO staff reviewing request:

Date of KEPRO review:

BMS Decision:

- Approved as Requested:
- Approved Conditionally:
- Not Approved:

Name of BMS staff reviewing request:

Date of BMS review:

DSSLA Check List

TASK	DONE
1. Have IPP meeting (regularly scheduled OR CJ IPP if new services are required) or Addendum to get team agreement. Make sure units are <i>specifically</i> outlined in meeting minutes or on addendum.	
2. Upload meeting/addendum to CareConnection©. If request includes an increase in/new LPN services, make sure a correct DD9 is uploaded to CareConnection© - units must be specified as direct/indirect and a description of how services will be used must be present.	
3. Fill out DSSLA form. Fill out sections 7 - 11 dependent upon selected reason in Section 2. Make sure to read the new form carefully, as there is new information not included on previous iterations. Incomplete assessments will be sent back for corrections.	
4. Make sure units in Section 4 match those units outlined in meeting minutes/addendum. Any discrepancies will be sent back for corrections.	
5. Make sure all supporting documentation (requirements indicated in each section 7 - 11) is sent to WVIDDWaiver inbox listed on the form with the assessment. Incomplete submissions will require follow-up for required supporting documentation.	
6. Ensure the assessment is submitted in Word format. Assessment submitted as PDFs will be sent back for corrections.	

Specifically pay attention to question C in Section 5 “Explain why the individual cannot access 1:3 or 1:2 services, and why are those less restrictive ratios (1:2 and/or 1:3) a health and/or safety concern.” It is important to thoroughly describe why having 1:2 and/or 1:3 services would not be a viable option for the member.

Processing time may vary based upon doc requests/corrections/and volume of assessments. It is recommended to submit a DSSLA *at least* one month prior to the tentative move-date. If the member is unable to move until after the tentative date has passed, services will be pro-rated based upon the move-date.

NOTES