



WV I/DD WAIVER

April 23, 2020

COVID-19 QUESTION/ANSWER CALL

The call can be accessed by calling 1.312.626.6799 or 1.646.558.8656 OR on the web by using the link below:

<https://zoom.us/j/2364880007>

Use Meeting ID: 236 488 0007

PLEASE NOTE: If you are dialing into the call on your phone and also logging in through your computer, you **MUST** mute your computer speakers so that a feedback loop is not created. The best experience is using your computer or mobile app exclusively. If you would like to have a question addressed during the call, you will need to attend via computer or the mobile app. Only questions posed via the Chat and/or Hand Raising features will be addressed in order to avoid call feedback issues that have been previously experienced.

ANNOUNCEMENTS

1. Please be advised that weekly conference calls will continue to specifically address updates and technical assistance needs related to the impact of the Coronavirus Disease (COVID-19) on the IDDW program.
2. Governor Justice has issued a "Stay at Home" Order that took effect Tuesday, March 24, 2020, at 8pm. Additional information on this order can be found here: <https://governor.wv.gov/pages/default.aspx#homeorder>.
3. The following items related to the COVID-19 response have been forwarded to the distribution list since the last call:
 4/15/20: Message regarding 2020 US Census.
 4/15/20: Notice of pop-up, non-profit mask production group (WV Mask Army)
 4/22/20: Finalized Q/As (1-101) from the 4/16/20 COVID-19 QUESTION/ANSWER CALL
4. Information related to Coronavirus Stimulus (Economic Impact) Payments can be found on BMS' website by going to: <https://dhr.wv.gov/bms/Pages/Supplemental-Security-Income-SSI-Information.aspx>
5. West Virginia DHR provides data about CoVID-19, including cases by county and other statistics. This website can be accessed by going to: <https://dhr.wv.gov/COVID-19/Pages/default.aspx>
6. Effective immediately, IDDW CoVID-19 conference calls will take place every-other-week rather than weekly. The next call will occur on 5/7/20 at 10am, which will also coincide with the monthly Policy Clarification call. Please note that, if needed, weekly calls can resume. Providers are encouraged to continue to contact KEPRO with general and member-specific questions.

Q#	Question	Answer: PLEASE NOTE THAT FINALIZED ANSWERS ARE IN BLUE. ANSWERS PENDING FINALIZATION ARE IN RED.	Date	Category
1	Are day services allowed to be provided at FBDH sites?	No. On 3/13/20, Governor Justice announced that all West Virginia schools are closed until further notice in an effort to minimize infection, and the I/DD Waiver program has elected to extend this closure to day-hab facilities. Day programs that have not already elected to close will be required to do so by Monday, 3/23/2020. Retainer payments may be claimed for members with active day service authorizations (Facility-Based Day Habilitation, Job Development, Pre-Vocational Training, Supported Employment) during the time a day program is closed or a member is unable to work due to COVID-19 containment efforts.	3/19/2020 UPDATED 4/9/20	Day Services
2	The memorandum dated 3/13/20 indicates that "Service Coordinators will not be required to meet face-to-face with members in their homes." Does this mean that agencies can still conduct face-to-face home visits if they choose?	Effective immediately, home visits are to be conducted via telephone and no face-to-face visits are permitted unless they are required in order for the provider to intervene in an emergency circumstance. Please remember to review crisis plans to ensure they include specific steps to be taken if the paid staff or natural supports are unable to provide support. Service Coordinators should also determine if members have adequate supplies of food, medications, and other necessities. An amended DD3 has been developed for use until the restriction on face-to-face visits has been lifted. All items on that DD3 must be completed during the phone contact. A separate service note should not be completed. Because day-hab facilities will be closed, day visits do not need to be conducted. It will not be necessary to collect signatures at a later date; the amended DD3 allows for the Service Coordinator to identify that contact has been made with the member, direct care provider, and/or legal representative and that the contact occurred by phone or other non-face-to-face means.	3/19/2020	Home Visits
3	The 3/13/20 memorandum states that members who are authorized for day program services will be eligible for additional HBPCS and/or respite services. Will the day hab units be able to be returned unit-for-unit or how will those modifications work?	If a member requires additional respite or PCS units due to closure of day facilities, the Service Coordinator may request or modify PCS or respite units based on member need.	3/19/2020	Day Services
4	How are signatures for meetings held via non-face-to-face means to be obtained?	As with home visits, it will not be required to collect signatures at a later date. The SC who conducts the meeting can simply indicate on the signature page that individuals attended and agreed to the information discussed.	3/19/2020	Signatures
5	Can client-specific training for Family PCS providers and/or respite providers be conducted via telephone for those who do not have access to skype or video call? If so, is conducting the training via telephone billable? Does this also apply to other staff, such as those who work in ISS and Group Homes and bill URPCS or LGHPCS?	Yes, these trainings can be conducted by telephone and can be billed. The practitioner should indicate on the service note that the training was conducted via telephone due to the restriction on face-to-face interaction. Signatures will not need to be obtained at a later date as long as the attendees are identified. This applies to all client-specific training, including that for Positive Behavior Support plans, for all staff who provide direct care services.	3/19/2020	Staff Training
6	Will it be possible to exceed service limits for PCSF, since children are not currently attending school?	Units of PCS Family will not be increased due to school closures; however, BMS recognizes that parents/primary caregivers who work outside the home may require additional childcare. Additional respite and/or Home-Based PCS services may be approved under that circumstance. Because of the combined service limit for PCS Family and Home-Based PCS, this accommodation may require that service limits be exceeded and will be reviewed on a case-by-case basis. In order to be considered for this accommodation, the addendum must identify that the parent who is the primary caregiver continues to work outside the home and there are no other natural supports available to provide support to the member. UPDATE 4/2/20: This also applies to PCSF-Personal Options.	3/19/2020 UPDATED 4/2/20	Service Limits
7	Can Home-Based PCS services and respite services that will be used in place of day hab be started immediately, without an addendum?	Yes. In order to expedite provision of these services, they can begin immediately, without an addendum. Authorizations will be provided when the addendum is uploaded to CareConnection® and the services are requested, but provision should begin right away and is not dependent on the date that the team agreed to services.	3/19/2020	Addendums
8	For members whose only direct care service is FBDH, if they choose not to receive this service, will a DD12 be required to put their services on hold?	Yes, a DD12 should be done under this circumstance. Please note that while the state is dealing with COVID-19, members will not lose their slots on the IDD waiver because they are not receiving services each month. UPDATE 4/2/20: A DD12 will not be required under this circumstance. For DD12s that have already been submitted for this reason, please contact Josh Ruppert at jruppert@kepro.com to address these individually. Additionally, members who elect to not receive any direct care services do not require a DD12 and will not be placed on hold. Leaving them in active status will allow the agencies to continue to bill for conducting the monthly phone contact that is so important during this time to ensure health and safety.	3/19/2020 UPDATED 4/2/20	DD12s
9	If a respite or Home-Based PCS staff person cannot work as agreed to by the IDT, can the natural family bill PCSF?	Additional units of PCSF will not be available to accommodate for respite or HBPCS that cannot be provided. As currently allowed, however, if the IDT wishes to increase PCSF units and reduce the number of HBPCS and/or respite units, this is permissible as long as service limits and budget (or dollar amount approved via exceptions process if applicable) are not exceeded. The service limit for combined Direct Care services for those who previously accessed day services only is temporarily increased to 17,520 to accommodate this. UPDATE 4/23/20: There was a typo in the last sentence; instead of "PCSF" it should read "Direct Care Services". This has been corrected.	3/19/2020 UPDATED 4/23/20	Service Limits

10	What is the procedure for conducting member assessments?	<p>Member assessments will be conducted by telephone at least through 6/30/20; however, those who wish may postpone their assessment so that it may be conducted face-to-face.</p> <p>For those that are conducted via telephone:</p> <ol style="list-style-type: none"> 1. KEPRO Service Support Facilitators (SSFs) will provide specific call-in information to SCs in order that telephone assessments can take place. 2. The following forms: DD2, Rights and Responsibilities, Signature Page for Assessment, and the ICAP Signature Page, which are typically completed at assessments, will not require signatures. Rather, the SSF who conducts the assessment will note verbal agreement or disagreement as appropriate and identify that the assessment was completed telephonically due to COVID-19. If the legal representative does not attend, the SC should facilitate completion of the DD2 via electronic means or postal mail. 3. When face-to-face activities resume, SSFs will supply completed ICAP booklets to providers as required. 4. Member handbooks and IDWW reference guides will be mailed or emailed to members/families by the SC if requested. 5. While the SC is typically excused during completion of the DD2, this will not be the case during telephonic assessments. Members will continue to be made aware of their Freedom of Choice with respect to choosing agencies at any time. <p>For those that are postponed until face-to-face activities resume:</p> <ol style="list-style-type: none"> 1. So that services can continue without interruption, KEPRO will issue a pro-rated budget. This pro-rated budget will allow the member to access three months of service and will be based on the previous year's budget (or dollar amount approved via exceptions if applicable.) 2. Once face-to-face activities resume and the assessment is completed, the assessment-based budget will be pro-rated for the time remaining in the service year. 3. Exceptions are not allowed for services approved via the pro-rated budget. 	3/19/2020	Functional Assessments
11	Will individuals on the waitlist continue to be assessed as part of the waitlist release study?	Yes. As with existing members, those individuals on the waitlist who are currently being assessed may elect to participate by telephone or postpone. The procedure for telephonic assessments will be the same as that described in question 10, above, except a Service Coordinator will not attend. For those who choose to postpone, the date of their slot release will be July 1, 2020. It is anticipated that by that time, normal business operations will have resumed but procedures may need to be re-evaluated closer to that date.	3/19/2020	Functional Assessments
12	BMS has indicated that meetings and home visits are to occur via telephone or electronically rather than face-to-face through 6/30/20. If the weather is nice, can face-to-face meetings be conducted outside?	No. Until more is known about how COVID-19 is transmitted and what the overall impact will be, the only time face-to-face meetings should occur is if the provider must intervene on behalf of the member to protect his/her health and safety.	3/19/2020	Home Visits
13	How should the AMAP requirement for periodic monitoring by the supervising RN be handled if it cannot be conducted in a face-to-face manner?	Per a memorandum dated 2/10/19 providing policy clarification for the AMAP program, item #10: Video conferencing technology can be used to monitor AMAP staff who are administering medications and performing health maintenance tasks when it allows for real-time observation and communication between the AMAP-RN and the AMAP staff. This memorandum has been included for your reference.	3/19/2020	AMAP/LPN
14	Will BMS relax any of the training and certification requirements for new staff and for existing staff who are due for annual training?	<p>Yes. Staff qualification requirements other than being 18 years of age (initial and annual training including CPR; First Aid; Member Rights; Identifying and Reporting Abuse/Neglect/ Exploitation; Treatment Practices and Procedures Including Confidentiality, Emergency Care Including Crisis and Emergency Planning; Infectious Disease Control; Direct-Care Ethics; and Member-Specific Needs) and fingerprint criminal background checks will be suspended until 7/1/2020. The screening of new employees through the WV CARES system will continue to be required. (Please refer to the 3/20/2020 memorandum from the WV Office of Inspector General regarding WV CARES.)</p> <p>Provider agencies may choose to provide online training such as CPR and First Aid in lieu of in-person training. Trainings may also be conducted by telephone or electronic means (Skype/Zoom). If member-specific training is provided electronically, it must be through a secure network to protect the member's confidentiality.</p>	3/19/2020	CIB
15	Can skilled nursing assessments and BSP services be provided by telehealth?	Yes; as indicated in the memorandum provided on 3/13/20, these services, if provided, must be done so via telephone or other secure electronic means as appropriate and needed. Services provided via one of these methods can be billed. Service notes should indicate that the service was provided electronically due to the restriction on face-to-face interaction.	3/19/2020	Telephone Assessments
16	With IDT meetings being held via telephone, is it still required that all team members attend? Will participants bill the regular IPP Planning events?	The requirements for who attends IDT meetings has not changed. Practitioners can bill for attending via telephone. As is current policy, participants will bill the regular IPP Planning events until those are exhausted. If they are exhausted, the appropriate service code is to be billed for the time the practitioner participated in the meeting.	3/19/2020	IDT Meetings
17	If AMAP staff are not available to administer medications and perform health maintenance tasks, can LPNs do so? If so, would the PCS staff stop billing during the medication administration?	Yes. LPNs may bill for medication administration and performance of health maintenance tasks during this time. The PCS staff will not stop billing; PCS and LPN may be billed concurrently for this purpose.	3/19/2020	AMAP/LPN
18	Can tasks that require face-to-face interaction, such as wound care, still be done?	Absolutely. Staff who continue to work in a face-to-face manner with members should observe recommendations put forth by the CDC and World Health Organization as much as possible while ensuring that members continue to receive quality care.	3/19/2020	Direct Care Services
19	Will BMS relax the requirement for transportation: miles to be billed only with the member present in the vehicle so that essential errands such as groceries and medications can be completed?	<p>Yes. Staff may perform essential errands on the member's behalf without being accompanied by the member. The staff person may bill the regular service code for their time as well as transportation: miles.</p> <p>4/2/20 UPDATE: In an effort to reduce risk of infection, providers are encouraged to combine errands for members when at all possible. Bill the appropriate code for the number of members on whose behalf errands are being completed. For example, if the staff is completing errands for three people, the 1:3 code should be billed.</p>	3/19/2020 UPDATED 4/2/20	Transportation
20	If IDT meetings must be conducted during a legal representative's work hours, should a DD12 be completed to excuse them from the meeting?	This requirement will not change. For any required members of the IDT who are unable to attend, DD12s must be submitted. Agencies are encouraged, however, to accommodate all IDT members' schedules so that they can attend meetings.	3/19/2020	IDT Meetings
21	If a member in an ISS tests positive for COVID-19, what are the procedures for quarantining him/her while ensuring continuity of services?	Agencies should consult their internal policies and procedures to determine how to most appropriately handle when staff and/or members are ill, ensure that safety precautions are followed, and refer to www.cdc.gov for additional information regarding precautions specific to COVID-19.	3/19/2020	Direct Care Services
22	Will Service Coordinators be able to bill the average amount for home visits? Conducting them via telephone will greatly decrease the time billed due to not traveling.	No. Service Coordinators may only bill the actual time the call takes.	3/19/2020	Home Visits
23	Can BSP services be conducted over the phone?	Yes.	3/19/2020	Professional Services
24	If members are exhibiting behavioral issues and a direct-care staff calls for assistance from a BSP, can that BSP respond in person?	BSPs may respond in person in emergency situations only. Precautions set for the by CDC and WHO should be followed.	3/19/2020	Professional Services
25	Can the requirement for Out-of-Home Respite to be provided only in Specialized Family Care Homes be relaxed?	Yes, however the IDT must be informed in advance and approve of the provider and location.	3/19/2020	Direct Care Services
26	Will Sheltered Workshops be mandated to close?	The IDWW program does not have authority to close Sheltered Workshops; however, in keeping with precautions set forth by the CDC and WHO, members should not attend in order to maintain their safety.	3/19/2020	Direct Care Services
27	Can Supported Employment services still be provided?	If members are still working, Supported Employment may be provided. Providers should be sure that members make an informed decision whether or not to continue employment based on their current health conditions and other considerations.	3/19/2020	Direct Care Services
28	Are IPPs still required to be disseminated within 14 days?	Yes. This requirement has not changed. Providers should still forward these documents via email and when necessary via postal mail.	3/19/2020	IDT Meetings

49	When can addendums and modifications be submitted to KEPRO for services being modified as a result of day program closure? They are currently being rejected for "final directive from BMS."	Clarification has been received regarding retainer payments so providers may submit requests effective 3/26/20.	3/26/2020	Retainer Payments
50	How should agencies handle new referrals who are being released from the waitlist that require 24-hour settings?	Agencies should do their best to continue to handle these as would typically be done, while maintaining the recommended precautions to limit infection. BMS recognizes that it may take longer to get services established; members will not lose slots if services are not accessed within the normally required 180 days. A DD12 should be submitted for any members who are in danger of not receiving a direct care service within the 180 day timeframe.	3/26/2020	Waitlist Study
51	What is the procedure for establishing financial eligibility during the stay at home order?	Per the 3/20/20 memo to DHHR eligibility staff from Anita Hayes, Director, Medicaid and WVCHIP Member Eligibility Policy, Bureau for Medical Services: The West Virginia Bureau for Medical Services (BMS) and WV Children's Health Insurance Program (WVCHIP) are extending the renewal date for all Medicaid and WVCHIP recipients for three months. All disability reevaluations required by the Medical Review Team are also being extended for three months. All Medicaid and WVCHIP clients should remain enrolled in coverage regardless of age or category. This policy goes into effect immediately and will remain in place through May 31, 2020. <i>MEDICAID AND WVCHIP RENEWALS</i> <ul style="list-style-type: none"> • Medicaid and WVCHIP eligibility renewals not already completed in March 2020 have been extended to June 2020. • Eligibility renewals due in April 2020 will be extended to July 2020. • Eligibility renewals due in May 2020 will be extended to August 2020. 	3/26/2020	Financial Eligibility
52	Is a Person-Centered Support-Home Based worker considered an essential employee if there are natural supports available in the member's home?	All PCS workers are designated as essential but the need to report for work in a natural family setting must be determined on a case-by-case basis. To decrease the risk of exposure to COVID 19, some members/families have requested workers to temporarily not come to the home to provide services. However, some members still require services that available natural supports are unable to provide. Note: If a worker has symptoms of COVID-19 or has recently been exposed to someone with COVID-19, they should not risk infecting the member or others in the member's home. The worker must notify their agency so that other arrangements can be made to meet the member's needs.	3/26/2020	Direct Care Services
53	Can Human Rights Committee (HRC) meetings be held via phone or ZOOM while we are under the COVID-19 precautions?	Per OHFLAC--Yes, during the COVID-19 response this is acceptable.	4/2/2020	Misc.
54	Can a person in a PPL 24 hour site increase the PCS supports during the closure of Day Hab sites?	Yes.	4/2/2020	Direct Care Services
55	Are BSP services that were previously provided for day services eligible for Retainer payments?	No. CMS has approved retainer payments only for Day Services.	4/2/2020	Retainer Payments
56	If agencies are short-staffed, can ISS homes be combined and other ratios, even 1:4 or 1:5, be provided if necessary? How would this be billed?	BMS will research this possibility. If this becomes a necessity due to the COVID-19 response, it's possible that additional codes can be made available.	4/2/2020	Direct Care Services
57	If the agency is not going to exceed the amount of already authorized LPN units but will use some of those units for medication administration, is an updated DD9 required?	Yes, a new DD9 will be required in order to identify that LPN will be used to administer medications due to shortage of AMAP staff.	4/2/2020	LPN/AMAP
58	If NF/SFCP are billing transportation: miles during the stay-at-home order, should the agency refuse to process it?	Agencies should be sure that members and families are aware of the stay-at-home order and its requirements. Whether to process unnecessary billing for transportation will be at the agency's discretion.	4/2/2020	Transportation
59	If a member tests positive for COVID-19, can the budget be exceeded to ensure his/her needs are met?	It may be necessary to exceed an individual budget under these circumstances, particularly for those who live in ISS/GH. When requesting additional units or reconfiguring ratios, the IPP should clearly identify that the reason for the request to exceed budget is due to the positive COVID-19 test and agency response to that.	4/2/2020	Direct Care Services
60	How should agencies ensure training/certification of the BSP curriculum for new Behavior Support Professionals during the COVID-19 response?	As with other training/certification requirements, BMS is suspending this requirement until such time as regular business operations resume. It is recommended that agencies use non-face-to-face methods to ensure that new BSPs have as much training as possible.	4/2/2020	Professional Services
61	If a member has an approved DD12 and his/her slot is on hold due to not receiving direct care services during the COVID-19 response, can SCs still conduct the phone contact home visits, which are such a vital means of ensuring health/safety?	Question #8, originally discussed on the 3/19/20 call, has been updated so that a DD12 is not required if a member's only direct care services were day services. As such, the member will not be placed in Member-Hold status and monthly phone contact home visits can take place.	4/2/2020	Home Visits
62	Are DD12s required for missed day visits?	No. As long as day habilitation facilities are closed as part of the COVID-19 response, DD12s for day visits are not required.	4/2/2020	Day Visits
63	What services can an RN perform remotely?	RNs can perform any allowable services remotely, at their discretion, taking into consideration best practices and medical needs of the member.	4/2/2020	Professional Services
64	Does BMS require that revenue received via Retainer payments be allocated solely to staff wages?	The purpose of Retainer payments is to ensure that day facilities can promptly resume providing services once the COVID 19 precautions are lifted. <i>4/16/20 Update:</i> The reduced rate of Retainer payment allows agencies to bill for them even though they may have laid-off or reassigned the staff. Please refer to BMS Retainer payment memo dated 4/8/20.	4/2/2020 UPDATED 4/16/20	Retainer Payments
65	When regular day habilitation services resume, are agencies required to offer attendance to those who previously attended before enrolling new members?	Yes. Day habilitation programs should ensure that the opportunity to attend is extended to those who were previously enrolled.	4/2/2020	Day Services
66	Can new day services be added for members during the time that day programs are closed?	If day services had not been authorized for a member prior to the 3/23/20 date that day programs were closed, authorization for those services should not be requested. In the event that an IDT had agreed to these services but they had not yet started, an addendum can be completed to add these services once regular business operations resume. Members that have upcoming annual meetings and are currently authorized for day services may request authorization for day services in their new budget year. This will allow the day program to continue to receive retainer payments until COVID 19 precautions are lifted.	4/2/2020	Day Services
67	Can Service Coordinators bill to check-in with members on their caseload?	In the event that a member reports an issue or one is discovered during the monthly phone contact home visit, additional calls to "check-in" can be completed and billed. These should not, however, be done as a matter of routine.	4/2/2020	Home Visits
68	What is the procedure for provider reviews that will be conducted remotely during the COVID-19 response?	The procedure is currently under review. Additional information will be provided. <i>4/23/20 UPDATE:</i> Provider reviews will continue but will be conducted remotely as first announced 3/20/20. Reviews may be postponed until normal business operations resume, at the discretion of the provider and/or BMS and KEPRO. The assigned Provider Educator for each agency will be in touch closer to the anchor date for providers to whom this will apply. Arrangements for provision of documents will be made with each provider individually.	4/2/2020 UPDATED 4/9/20 & 4/23/20	Provider Reviews
69	Will signatures be required on incident reporting forms?	No; as with other documentation, in lieu of signatures practitioners can indicate that verbal agreement/approval (as applicable) was obtained due to the restriction on face-to-face interaction. It will not be necessary to obtain signatures later.	4/2/2020	Signatures
70	During the COVID-19 response, can members who live in natural family or SFCP settings receive PCS and/or respite services during hospitalization?	While policy typically does not allow for this circumstance, during the national emergency, this will be permissible for members who are hospitalized with COVID-19 and the hospital allows the members to have visitors. The member's IPP must indicate that it's necessary for the member to receive supports in	4/2/2020	Direct Care Services
71	If a new service year starts, does the member have to purchase day services at the annual meeting or should they wait until a later date? If they wait until a later date will they lose their day program enrollment?	If a member received day services prior to closure of day programs and wishes for those to continue once normal business operations resume, that same number of units can be requested and authorized for the new service year. This will allow the agency to receive retainer payments for the new service year. Members will not lose their enrollment in day programs.	4/2/2020	Day Services
72	Can transportation: trips be billed as part of retainer payments?	No; trips are not included in Retainer payments.	4/2/2020	Transportation
73	Should day services billed as Retainer payments be separated on the DD7?	This won't be necessary, unless Retainer payments are being billed for Supported Employment that continues after the closure date of 3/23/20.	4/2/2020	Retainer Payments

74	Can LPNs bill to assist members in telehealth appointments? Many members do not have access to smart phones, computers, or internet services at their residences and some direct care staff are unable to assist.	Yes, this is permissible for those who live in ISS/GH through June 30, 2020.	4/2/2020	LPN Services
75	For members who recently received a slot: if they are unable to access a direct care service within the required 180 days due to COVID-19 precautions, will they lose their slot? This could apply to those who currently live in ICF or other living arrangements. Will DD12s be required?	Any <u>new member</u> (this does not apply to those who have already used their slots--"existing" members) who is unable to access a direct care service due to COVID-19 precautions will not lose their slot. A DD12 is required if the individual will not access a direct care service by 180 days for tracking purposes only.	4/2/2020	New Slots
76	Can LPNs be used for medication administration and health maintenance tasks by agencies who were not previously using AMAPs?	Yes, this is permissible for those who live in ISS/GH through June 30, 2020.	4/2/2020	LPN/AMAP
77	Is the deadline for public comment for the IDDW application for renewal still 4/4/20?	Yes, the deadline will remain 4/4/20.	4/2/2020	Waiver Renewal
78	Should transfers from one agency to another be postponed until normal business operations resume?	Members do not have to wait to transfer their services, if they wish. The normal procedures would be followed, except that any meetings must be held in a non-face-to-face manner. As always, when transfers occur, the two agencies must ensure they are communicating with one another regarding utilization, scheduled appointments, etc. If the transfer involves physical relocation, teams must consider member health/safety with respect to COVID-19 as part of the plan.	4/9/2020	Member Transfers
79	Can BSPs for day services continue to provide services to members?	Yes, there are some tasks that BSPs for day programs can complete and bill for while day facilities are closed. They include attending Annual Functional Assessments if needed, attending IDT meetings, completing monthly summaries for data collected in January, February, and/or March and developing recommendations based on the findings of those summaries. In addition, BSPs may be needed to update or provide assistance with various aspects of Positive Behavior Support plans and other interventions.	4/9/2020	Professional Services
80	Can BSPs for day services bill to assist members with obtaining necessities such as toilet paper and food, and/or to check in with members periodically?	This is an SC task and is therefore not billable for a BSP. The SC is encouraged, now more than ever, to ensure that all team members are informed of issues affecting members.	4/9/2020	Professional Services
81	Is it permissible for Case Managers to complete requests for Medicaid Fair Hearing without a signature?	This is not allowed. Members/legal representatives can request Medicaid Fair Hearing by sending an email to the BoR, calling the BoR, or sending a letter. BoR contact information is identified on the Medicaid Fair Hearing Request Form.	4/9/2020	Medicaid Fair Hearing
82	How should teams proceed with getting authorizations for Supported Employment for members whose places of employment are closed currently? The letter to verify rate of pay and employment cannot be obtained.	The Case Manager should attempt to obtain the letter as required--while many businesses are not open, some are operating with a small crew. In the event that the letter cannot be obtained, a service note showing that the agency made an attempt will suffice to get an authorization.	4/9/2020	Day Services
83	Drivers are struggling to find someone to complete required vehicle inspections. Will BMS waive the requirement for agencies to maintain this documentation for staff who bill transportation during the COVID-19 response?	Per the West Virginia State Police: <i>As a result of the COVID-19 (Coronavirus) Pandemic and gubernatorial executive stay-at-home mandates, a three month grace period will be given to WV citizens for motor vehicle inspection renewal. Beginning April 1, 2020 through July 1, 2020 the motor vehicle inspection program will be suspended during this period. This is subject to change based on the termination or extension of the executive orders.</i> Agencies will not be responsible for maintaining this documentation during the time-period from 4/1/2020 7/1/20, or for additional dates if the suspension period is extended.	4/9/2020	Staff Training/Certification
84	If agencies have already modified services based on previous directions to capture Retainer payments, are those required to be updated? If so, what is the procedure? Is an addendum required?	Agencies who've already made modifications may need to correct those to reflect procedures communicated on 4/9/20. To do so, an addendum should be completed and the units should be modified in CareConnection®.	4/9/2020	Retainer Payments
85	Are agencies required to lay off staff and use the Retainer payment for overhead such as building payment, bills, paying BSPs, etc.?	The decision to lay off staff is entirely that of each agency. If staff lay-offs have occurred, however, Retainer payments can be used for the purposes described in the question.	4/9/2020	Retainer Payments
86	How is the rate changed in DXC's billing system?	Updated rates for IDDW Day Services Retainer payments are in DXC's system with an effective date of 3/23/20. From that date forward, all claims for Day Habilitation, Job Development, or Pre-vocational services will be paid at the Retainer payment rate. Day programs that opted to close or had reduced attendance due to COVID-19 prior to 3/23/20 may bill for Retainer payments back to 3/13/20 but will be responsible for submitting the correct Retainer payment on service claims. Similarly, providers will be responsible for submitting the correct Retainer payment rate for members that have been unable to work and receiving Supported Employment services since 3/13/20 due to COVID-19. For members that are still allowed to work and continue to receive Supported Employment Services, providers will bill the usual Supported Employment rates.	4/9/2020	Retainer Payments
87	Some families have chosen to not have staff in their homes for safety reasons, so billing is not occurring for Respite and Home-Based PCS. Will the decreased utilization affect their budgets?	No. Members' budgets will not be affected by decreased service utilization during the COVID-19 response.	4/9/2020	Budgets
88	Is an exceptions request required if using Retainer payments will result in going over budget?	An exception will not be required to exceed budget as long as the new request for authorization supports the member's needs. Providers will be advised if individual cases cannot be authorized.	4/9/2020	Retainer Payments
89	How are agencies to bill with respect to different ratios? Should the units identified in the tentative schedule and ISP be used? Ratios can vary by day depending upon member attendance.	Agencies will bill units that are currently authorized. Since authorizations are for an entire year and billing occurs more frequently, agencies can average the number of approved units with the billing frequency. For example, if a member has 120 units of FBDH 1:1-2 authorized for the year and that agency bills monthly, 10 units of that service code would be billed each month during the period that Retainer payments are being utilized.	4/9/2020	Retainer Payments
90	Should agencies void/adjust for any Day services billing that has already been submitted?	BMS mandated the closure of day facilities on 3/23/2020. Facilities that opted to close or had reduced attendance due to COVID 19 prior to 3/23 may claim retainer payments back to 3/13. If a facility has already submitted claims for retainer payments and billed the regular service rates, it will be necessary to adjust those claims using the retainer payment rates that were included in the retainer payment memo that was distributed by Kepro on 4/8/2020.	4/9/2020	Retainer Payments
91	If agencies have transferred Day Program staff to residential sites, do those agencies bill the residential (PCS) codes or Retainer payments?	In this circumstance, the agency is eligible to bill for both the Residential PCS codes that were actually provided <u>and</u> for retainer payments for the day facility that was closed due to COVID 19 precautions. With the reduced rates for retainer payments that were distributed in the retainer payment memo on 4/8/2020, agencies are no longer required to "exchange" day service units for residential units when day staff are reassigned to provide PCS or Respite services to members that currently cannot attend day facilities.	4/9/2020	Direct Care Services
92	How do agencies handle monthly rounding to the nearest whole unit?	Agencies are allowed to round to the nearest whole unit once per billing period. For example, an agency that bills for Case Management services once per month would add up all the partial units that were provided throughout the month and then round the sum up to the nearest whole unit. For example, the following minutes of Case Management were provided during the billing period: 22 minutes; 4 minutes; 41 minutes; 7 minutes and 87 minutes. The sum = 161 minutes divided by 15 = 10.73. The agency would round to 11 units for billing purposes.	4/9/2020	Retainer Payments
93	KEPRO is now required to respond to requests for authorization within 5 business days rather than 2. Does this mean that Documentation Requests will be further delayed?	KEPRO is working to respond to all requests as quickly as possible.	4/9/2020	Documentation Requests
94	Will implementation of Conflict Free Case Management be postponed?	This possibility is currently being discussed with CMS and an answer will be forthcoming.	4/9/2020	Conflict-Free Case Management
95	Will the requirement to implement Electronic Visit Verification (EVV) be postponed? If not, will the requirement for individual NPI numbers also be required to take place as scheduled?	Both requirements will be implemented as scheduled.	4/9/2020	Electronic Visit Verification (EVV)
96	Since the state is allowing grace periods on expirations for vehicle registration and insurance, should agencies process transportation billing without these documents?	Agencies will not be responsible for maintaining this documentation during the time-period that expiration dates are extended. BMS recognizes that not everyone has access to a printer/scanner and advises that all COVID-19 precautions be prioritized.	4/16/2020	Staff Training/Certification

97	What are the procedures for how day visits will be conducted once they re-open?	Providers will be notified in advance of day programs opening. Procedures for doing so, including expectations for conducting visits and IDT meetings will be provided.	4/16/2020	Day Services
98	Will DXC process billing for services that are provided for more than 24 hours per day?	Yes. DXC will process billing according to the number of units authorized.	4/16/2020	Billing
99	Should teams wait to request additional units of PCS for members who will be using that service instead of attending the day program?	Teams should not wait. Additional units of PCS should be requested to allow for services through 6/30/2020, which is the date through which precautionary measures will remain in place. If that time-period is extended, providers will be notified and at that time should request additional PCS units accordingly.	4/16/2020	Direct Care Services
100	Can team agreement for Unmet Needs applications be obtained by telephone instead of via an in-person signature?	Yes. Per the Bureau for Behavioral Health (BBH) this is acceptable.	4/16/2020	Signatures
101	Will members' financial eligibility be in jeopardy if their assets (excluding residence, furnishings, and personal vehicle) exceed \$2,000? Most are unable to participate in previous tasks such as shopping.	No; existing Medicaid members will retain coverage in their eligibility category until the date of their next renewal, or the end of the month in which the emergency period ends, regardless of change in circumstances. Closure will only occur if members request closure, move out of state, or become deceased.	4/16/2020	Financial Eligibility
102	Can Human Rights Committee (HRC) meetings be postponed during the CoVID-19 response?	HRC meetings are an OHFLAC requirement and currently OHFLAC is allowing the meetings to be conducted electronically or by phone. If a provider has a specific reason that their quarterly HRC meeting needs to be canceled or postponed, they should contact OHFLAC to obtain an exception for that specific meeting.	4/16/2020	Human Rights Committee (HRC) Meetings
QUESTIONS SUBMITTED FOR 4/23/20 CALL				
103	Can RN or LPN services be billed to routinely check members for symptoms of CoVID-19?	All members should be routinely observed by direct staff as they normally would. For members, with or without underlying risk factors for CoVID-19 complications, the RN may consider implementing temperature checks or other observation tools for staff to use. Staff, as always, should immediately report any noted signs of illness to the RN for further assessment in determining how to proceed, including, but not limited to: contacting the member's physician or sending him/her to the emergency room for further evaluation. Members with underlying conditions that present higher risk factors for CoVID-19 complications may require additional monitoring. If this occurs, agencies must ensure that all required documentation to support that higher level of service is in place. At any time, if a member appears to be in distress, staff should contact 911 for assistance as per their training provided by the agency.	4/23/2020	Skilled Nursing
104	When a member requires modifications related to CoVID-19 and also requires modifications due to utilization, how should those be submitted?	Please ensure the documentation states the modifications are not related to CoVID-19 and are due to utilization. For example, if the member utilized more URPCS than planned prior to CoVID-19 and are due to utilization. For example, if the member utilized more URPCS than planned prior to CoVID-19 due to missing FBDH for appointments, illness, etc., it is requested those modifications be submitted and approved prior to requesting CoVID-19 modifications. Then, if the member requires more URPCS due to missing FBDH during CoVID-19, that modification may be made separately in CareConnection(C). It is recommended that all CoVID-19 specific requests be submitted by themselves with no other modifications, such as professional services, in order to ensure all requests are being reviewed appropriately. Note that modifications related to utilization of units and ratios within the person's budget are permitted, as was allowed prior to CoVID-19 precautions.	4/23/2020	Unit Modifications
105	Is pro-rating required for day services even though FBDH does not occur 365 days per year?	Yes; this service is pro-rated based on the number of days in a year.	4/23/2020	Day Services
106	Are Retainer payments available for those who were receiving day services via the Waitlist Support Grant?	Yes, this is only available for those who received day services prior to the date Retainer payments started, 3/13/20, and got their slot that date or after. Only the number of units and ratios that were received via the Grant can be approved.	4/23/2020	Retainer Payments