

# The Service Coordinator Corner

Welcome to West Virginia's Service Coordinator (SC) Corner, the newsletter where the West Virginia Intellectual and Developmental Disabilities Waiver (IDDW) SCs will receive information needed to provide meaningful and quality services to program members.



Gratitude unlocks the fullness of life.  
–Melody Beattie

## CMS Quality Assurances

The IDDW is administered by the Bureau for Medical Services (BMS), a division of West Virginia Department of Health and Human Resources (DHHR).

The Centers for Medicare and Medicaid Services (CMS,) approves the Waiver every five years, and provides 75% of its funding.

In order to continue to be approved, the Waiver must be compliant in six areas, or assurances:

1. IDDW Administration and Oversight
2. Level of Care
3. Provider Qualifications
4. Service Plan
5. Health & Welfare
6. Financial Accountability

*Stay tuned for more information about these assurances in the coming months. For more information, go to:*

<https://www.medicaid.gov/medicaid/hcbs/downloads/training/quality-hcbs-part1.pdf>



Jamie Cutlip, KEPRO Registration Coordinator, offers the following tips to avoid documentation requests:

1. If requesting nursing services, be sure the DD-9 is correct. Remember that policy related to AMAPs and medication administration changed Feb. 2018 and that those changes apply at the anchor date.
2. Authorization for services MUST be requested in the correct order—service coordination first, then direct care, then other services.
3. Double-check the IPP before submitting the request. Make sure dates, service codes, names, are all correct and reflect what the team agreed to at the meeting.



## Electronic Visit Verification (EVV) Monthly Update

Section 120006(a) of the 21<sup>st</sup> Century Cures Act mandates that states implement Electronic Visit Verification (EVV) for all Medicaid direct care services that require in-home provision. States are required to implement EVV for personal care services (IDWW direct care services) by January 1, 2020.

In moving toward compliance with this requirement, the state of West Virginia has begun to explore, with a group of stakeholders, various options for implementation. EVV technology will monitor start- and stop-times of direct care staff shifts.

The state has chosen to use the "Open-Hybrid" EVV model, which will allow providers who already use an EVV system to continue to do so.

Stakeholders most recently met October 16 and explored available technologies.

BMS will continue to provide information on this topic in the months to come,

For more information on the 21<sup>st</sup> Century Cures Act and Electronic Visit Verification, go to <https://www.medicaid.gov/medicaid/hcbs/guidance/electronic-visit-verification/index.html> and on West Virginia's EVV status, go to <https://dhhr.wv.gov/bms/Programs/WaiverPrograms/EVV/Pages/default.aspx>.

Dr. Frances Clark is the BMS Program Manager for the EVV project, you may contact her at: [DHHRBMSEVV@wv.gov](mailto:DHHRBMSEVV@wv.gov).

## Home-and-Community-Based Services (HCBS): Integrated Settings Rule Monthly Update

In January 2014, CMS issued a new federal rule, CMS-2249-F/CMS-2296-F, which impacts sections of Medicaid law under which states may use federal funds to pay for HCBS. This rule reflects CMS' intent to ensure individuals receiving services and supports through HCBS programs have full access to benefits of community living and are able to receive services in the most integrated setting.

Relevant to the IDWW program, the rule defines and describes the requirements for HCBS settings appropriate for the provision of services under our section 1915(c) HCBS authority of the Social Security Act.

The rule requires that all settings in which Medicaid-reimbursed HCBS are provided, including both residential and non-residential (day services), are integrated in, and support full access to the greater community.

CMS has allowed states until March 2022 to achieve full compliance and BMS has been working diligently toward that goal. All agencies have received a review of their settings and as applicable an approved Plan of Compliance. While this means that West Virginia is currently in compliance with requirements, any newly licensed residential and non-residential sites will require review and approval.

For additional information, and to view the Statewide Transition Plan (STP,) please visit the BMS' website, at:

<https://dhhr.wv.gov/bms/Programs/WaiverPrograms/SUDWaiver/Pages/W-V-State-Wide-Transition-Plan.aspx>

Dr. Rose Lowther-Berman is the BMS Program Manager for the HCBS STP project, you may contact her at: [rose.l.berman@wv.gov](mailto:rose.l.berman@wv.gov).

## Independent Service Coordination (ISC) Monthly Update

42 CFR (Code of Federal Regulations) 431.301(c)(1)(vi) requires states to separate case management (person-centered service plan development) from service delivery functions.

Service Coordination is the case management service offered via the IDWW program and, therefore, subject to this rule.

BMS anticipates full implementation with the 2020 Waiver renewal.

In the meantime, the State is working with a group of stakeholders to develop a plan of action. This group first met October 18 to learn about the requirements and explore current data.

It may be helpful for the stakeholder group to get some information on what a caseload looks like. Look for a survey in the future seeking your input!

Additional information on the requirements can be found here: <https://www.medicaid.gov/medicaid/hcbs/downloads/conflict-of-interest-in-medicaid-authorities-january-2016.pdf> and <https://www.medicaid.gov/medicaid/hcbs/downloads/training/conflict-of-interest-hcbs-case-management-july2018.pdf>.

Liz Bragg is the BMS Program Manager for the Independent Service Coordination project you may contact her at: [Elizabeth.l.bragg@wv.gov](mailto:Elizabeth.l.bragg@wv.gov).





## Writing Effective and Meaningful Crisis Plans

There are crisis plans that check all the boxes. Policy requires that crisis plans *minimally* address no call/no show of staff, inability of primary caregiver to provide support, weather-related/environmental issues, disaster-related issues, health/medical issues, termination/reduction of IDW services, bed bug infestations, and any other member-specific issues. Plans that include all these items are considered compliant and will receive full credit on review.

Plans that only meet minimal standards though, are often not meaningful in an unexpected event. For example, the strategy identified for inability of primary caregiver to provide support may be “seek crisis placement until a residence can be secured.” But what if there are no crisis beds available? If a crisis bed *is* available, can the team feasibly complete all required documentation so that a transition to the new residence occurs before the crisis site maximum stay of 30 days is over?

Meaningful crisis plans can save lives. In the June 2016 floods that ravaged parts of our state, providers relied heavily on crisis plans to keep members safe. The next time you write a crisis plan, think about how to make the plan meaningful if it has to be implemented. You, the member, and the IDT will be glad you did. If you need help, contact your assigned KEPRO PE, who will be glad to assist!

Christine Dickson, with global access, a small service provider in the Charleston area, recommends keeping a “crisis response kit” on hand. Some items to consider for your kit:

- Solar lights
- Flash light
- Camping shower
- Cooler
- Small, battery-operated radio
- Drinkable water
- Manual can opener
- Cleaning and body wipes
- Sleeping bag
- Solar charger
- Three-day supply of non-perishable food
- At least three-day supply of medication
- Toothbrush/toothpaste
- Toilet paper
- Briefs/feminine products

You can also notify your local first responders that there are people in the home who have disabilities and they will check on them first in the event of an emergency!



***Not what we say about our blessings, but how we use them, is the true measure of our thanksgiving.***  
—W.T. Purkiser

## Where Do I Send.....

Exceptions Requests?

[IDDWExceptions@kepro.com](mailto:IDDWExceptions@kepro.com)

Responses to Doc Requests?

[IDDWDocRequested@kepro.com](mailto:IDDWDocRequested@kepro.com)

Other Documents?

[WVIDDWaiver@kepro.com](mailto:WVIDDWaiver@kepro.com)

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



## SLOT RELEASE...WHAT NOW?

Your supervisor has assigned a new member to your caseload—one who is just coming off the waitlist. What do you do?

1. Services cannot be billed for new members until the date of their slot release or later. The person or his/her legal rep are advised ahead of the activation date so that financial eligibility can be established with the local DHHR office. An application for financial eligibility should be submitted to the local DHHR office 30 days before the slot release date. The DHHR has 30 days to process all financial applications. KEPRO will activate the new member once this has been done.
2. No more than seven days after the individual's status is changed to "active" in CareConnection© the seven-day IPP meeting should be conducted. **Services CANNOT be provided before the initial, or seven-day, meeting.** Note, though, that the DD-4 can be eliminated altogether if the annual IPP is completed at the initial, 7-day meeting. If the team chooses to finalize services at that time, only the DD-5 is required.
3. If the team can finalize all services for the entire service year, the 30-day meeting is not required. If the team plans to have a 30-day meeting, they can agree to a month's worth of services at the initial meeting.
4. In CareConnection©, request the services the IDT agreed upon, pro-rating as necessary\*. Make sure to use the **"Annual" IPP-type** rather than the "Initial" IPP-type, even if you plan to have a 30-day meeting.

*\*Need help pro-rating? Contact your agency's assigned Provider Educator.*

In order for CMS to consider an incident compliant with reporting requirements, all of the following must be completed for every incident, regardless of type:

- Entered into WVIMS within timelines and to all applicable entities
- Monitoring
- Follow-up by appropriate persons
- Legal representative was notified
- Addressed by IDT
- Followed-up on within 14 calendar days (Critical and A/N/E only)
- Corresponding reports in both WVIMS and member file (To access WV IMS, go to: <https://dhhrimsportal.wv.gov>)

## 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.*

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