Public Comments Received for First Comment Period

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

ID	Date (date received)	Mode (email, phone, public meeting, other)	Waiver (ADW, I/DD, TBIW, Statewide)	Comment (feedback submitted)	Response and/or Action Steps
1	11/24/2014	Email	(Not indicated)	The draft plan States "Develop strategies for moving away from more congregate employment to naturally occurring learning environments and access to community activities and events". We use supported employment as much as possible in our small, rural community. However, opportunities are sparse. Our facility has various departments which include both people with and without diagnosed disabilities. We have customers in and out of our building every day for the purpose of purchasing goods/services and using our UPS site. So I guess our question is, "What is the magic equation that determines if we are integrated or not?"; "What percentage of non-disabled, non-support staff, workers do we need to have before we are considered integrated?" Also, "Where do our DRS clients fall into play here? Are they included in the 'disability' count even if they are not being paid a commensurate wage?"	This comment and the questions raised in it will be taken under consideration and possibly addressed in future transition plans and/or information offered through Action Item 5 of the Remedial Actions section.

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				If all of our Waiver members must access the community via supported employment, many of them will not be able to retain employment at our facility. Our Waiver employees look forward to attending our facility where they can work, socialize with their coworkers, and earn a paycheck. They most assuredly look forward to their work much more than most people who do not have diagnosed disabilities, making it a shame to jeopardize it.	
1	11/24/2014	Email	(Not indicated)	The only adjustment we can think of to get our Waiver employees out into the community more is to introduce volunteerism billed under facility-based day habilitation training. Many businesses who are not interested in using our supported employment services may welcome volunteerism. However, this would not be an acceptable alternative for those Waiver employees with a higher level of social inappropriateness (sexual, behavioral, or otherwise) or those whose mobility prevents them from easily accessing the community. Not to mention those Waiver employees who do not desire to work in the community. Some type of signed waiver from the guardian stating their desire to	This comment and the points raised in it will be taken under consideration and possibly addressed in future transition plans and/or information offered through Action Item 5 of the Remedial Actions section.

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				remain at the facility would appear to be a good solution to this. Our purpose is to provide those with disabilities competitive employment in the community, but when this is not available or feasible, we need an alternative. Right now, our alternative is having the remaining employees work for a fair commensurate wage inside the facility completing various tasks in various departments with people who have various levels of functioning.	
2	12/12/2014	Email	(Not indicated)	My comments are more general. From what I read - I still don't see where coverage is given to children with Autism, no matter what the parents' income is. That is what I want to see. My son has been rejected 3 times for Medicaid because we make "too much ". We are unable to get him therapy outside of school because we just can't afford it. Our private insurance up till now has only allowed 20 therapy sessions per year, and a $25 copay for each one. Our new insurance will cover as many as needed but that is after deductible is met and then a 20% coinsurance. Also - I would like to see more phone lines available for people	This comment falls outside of the scope of the Transition Plan

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				to call with questions. Every time over the course of a week when I obtained to call to see if there was some other way I could get coverage for my son - the line was busy. Didn't matter what time of day - or if I redialed 10 times in a row. It is a shame that my son is being punished for his parents being married. If I was a single mom this wouldn't even be an issue, and that is just sad. PLEASE!!! Open up the Medicaid coverage to all children with autism, no matter the parents' income.	
3	12/16/2014	Email	(Not indicated)	We are heading in the right direction with self -direction. Agency cannot keep staff and I do not trust staff with my non-verbal child. I do not understand the necessity of Case Management when we choose PPL. Our children live in least restrictive environment with family, friends, and neighbors in own community. Is this not MRDD Waiver is for?. If child is with family, We should not be to have case management, TC, BA all through PPL.	This comment falls outside of the scope of the Transition Plan

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4	12/18/2014	Email	I/DD	The Stated timeframe does not appear to be as aggressive as it needs to be to assure State compliance with the Home and Community Based Settings rule.	This Transition Plan is designed as a more high-level overview of the State's plans to comply with the CMS Final Rule. More detailed and specific action items and timelines will be included in future Transition Plans.
4	12/18/2014	Email	I/DD	According to the CMS Statewide Transition Plan Toolkit, plans should include specific timeframes for identified actions and deliverables. Most of the time frames for the WV Plan are not specific, but encompass the entire five years.	More specific timeframes and actionable items will be released in future versions of the Transition Plan.
4	12/18/2014	Email	I/DD	Other States' plans we have reviewed appear to have sequential action steps and timeframes. They also have completion dates well before the required date of compliance. How will compliance be monitored if most actions include an end date of June 30, 2020?	Compliance will be monitored throughout the five-year period. Specific timeframes and actionable items surrounding compliance will be released in future versions of the Transition Plan.
4	12/18/2014	Email	I/DD	The Council is interested in seeing the results of the review of regulations and other documents reported to have been completed by the [consultant], along with the recommendations for changes to be made. Those documents	Lewin's work was under Action Item 1 of the Assessment section of the Transition Plan. Action Item 5 has been added to the Transition Plan to say: 5. "Post findings from the review of Action Item 1 and

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				should be made available to the public.	aggregate survey results to the website"
4	12/18/2014	Email	I/DD	No specificity is given regarding how the surveys for providers and/or individuals and families will be conducted.	Action Items 3 and 4 of the Assessment Section are updated to include survey methods: via web and mail.
4	12/18/2014	Email	I/DD	Other than surveys, what other methods will the State use to determine settings are or are not in compliance with the new standards?	Specific timeframes and actionable items surrounding compliance will be released in future versions of the Transition Plan. This will include how setting compliance will be determined.
4	12/18/2014	Email	I/DD	A survey, combined with actual visits to sites, can determine setting compliance, but how will the internal workings (person-centered planning, the choices an individual is entitled to make about a variety of things, etc.) of a setting be evaluated for compliance?	The State will consider using site visits as a compliance evaluation method. Specific timeframes and actionable items surrounding compliance will be released in future versions of the Transition Plan.
4	12/18/2014	Email	I/DD	It is good that a listing of settings with their level of compliance will eventually be available on the Bureau's website.	Thank you for this comment.
4	12/18/2014	Email	I/DD	Training for licensure/certification staff on new settings requirements is	Thank you for this comment.

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				good, as is the strengthening of enrollment/re-enrollment procedures for providers.	
4	12/18/2014	Email	I/DD	Various means of providing training for providers and enrollment staff is good.	Thank you for this comment.
4	12/18/2014	Email	I/DD	Of grave concern is the fact that no training is mentioned for individuals/families who use HCBS services. How will they become aware of the changes that will occur, why their services and the locations of their services may be changing, what services will and will not be allowable under Medicaid HCBS, etc.? Who will be responsible for providing them necessary information in an un-biased manner?	Action Item 2 of the Remedial Actions section is updated to include individuals and families as audiences of training. The State will present the information.
4	12/18/2014	Email	I/DD	Re # 12. It is understandable that particular attention would need to be paid to regulations governing group homes to ensure community characteristics are reflected. The issues concerning day habilitation and related settings should be address in a separate action item. It seems self-evident that facility-based day habilitation settings will not meet the new rule requirement.	CMS published guidance addressing non-residential settings under the HCBS Final Rule following the publication of the Transition Plan. Future versions of the Transition Plan will incorporate this guidance and a new action item(s) will be added to reflect the guidance.

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4	12/18/2014	Email	I/DD	How will monitoring for transition to compliance be carried out, and by whom? This will certainly be a large task. Will the DHHR/BMS be hiring additional staff whose responsibilities are solely to address this component of the Plan?	Specific timeframes and actionable items surrounding compliance will be released in future versions of the Transition Plan. This will include how setting compliance will be staffed.
4	12/18/2014	Email	I/DD	Since the Bureau's Money Follows the Person initiative (MFP) does not specifically serve people with intellectual and other developmental disabilities, what "lessons learned" will be used regarding people served through the IDDW Waiver? If this transition plan intends to build upon the MFP initiative, is the initiative being expanded to serve populations not previously included?	The State will consider including I/DD as a population served by MFP. In the meantime, MFP on both the national and State levels have important lessons learned and insights to HCBS that will be included in the State's implementation of the Final Rule.

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4	12/18/2014	Email	I/DD	From the wording in "Remedial Actions" # 18 and other items in the Transition Plan, it appears the "stakeholder group" identified is only providers. Individuals served, and their families, are certainly also stakeholders.	Action Item 18 is designed specifically for provider stakeholders. An additional Action Item is added to be more inclusive: "Convene a cross-disability workgroup to identify solutions for compliance that represents all stakeholders including individuals, families, advocates and providers, among others". This is Action Item 7 of the Stakeholder Engagement section. To further address this, Action Item 4 is added to the Stakeholder Engagement section: Reach out to individuals, families and organizations representing these groups to increase the understanding of the rule and maintain open lines of communication.
4	12/18/2014	Email	I/DD	More thought should be given to find ways to solicit public input, as well as to keep stakeholders informed throughout the process. The announcement posted on the Bureau's website does not stand out in any way and is now buried halfway down the list of numerous items. How will people know to look for announcements on the website, and what other methods will be	CMS requires two public comment opportunities. The online public notice and the public meeting held 12/15/14 satisfy the CMS requirement.

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				used to inform stakeholders, particularly people who use Waiver services and/or their families? While the internet is one platform to use to solicit input and to keep people informed, there must also be other means.	
4	12/18/2014	Email	I/DD	Stakeholder engagement actions are concentrated on provider agencies. There are over 4500 individuals served by the IDDW Waiver alone, along with family members, advocates, people on the waiting list, and others who may have an interest in the program in the future. Any intentions for any stakeholder engagement for these people are missing from this Plan. How does the Bureau intend to involve them in the transition process? How will they be informed of progress made? How will they be involved in training and other opportunities in order to have the information they need to make informed decisions about services?	Action Item 7 of the Stakeholder Engagement section and Action Item 2 of the Remedial Actions section are added/modified to include individuals and families. In future Transition plans, actionable items will be included that target individuals and families.
4	12/18/2014	Email	I/DD	There is a concern that providers are currently being permitted to develop and open more service settings that clearly do not and will not meet the requirements of the HCBS rule, even after the Centers for	Action Item 5 of the Remedial Actions section includes FAQs as an outreach avenue. Future FAQs will address these questions.

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				Medicare and Medicaid Services (CMS) Rule that will not allow Waiver funds to be used in those settings was finalized. What is being done to prevent those settings from being approved by the State?	
4	12/18/2014	Email	I/DD	The DD Division does not appear anywhere in this draft Transition Plan. Do they not have a role to play in this process?	The Division of Intellectual and Developmental Disabilities does not manage waivers and thus would not be involved in the implementation of the Transition Plan or the HCBS Final Rule.
5	12/18/2014	Email	Statewide	Overall - [Organization] is highly concerned that BMS is planning to take fourteen (14) months to assess its own system. This is a system that has been in place for decades, with the exception of the TBIW Waiver. BMS has access to the licensure reviews done at a CMS mandated minimum every two years by OHFLAC so they certainly have no difficulty identifying who the providers of services are and what facilities are included under each provider's license to provide services. Similar information exists for the Bureau of Senior Services and the Aged and Disabled Waiver Services and TBIW Waiver services, even though those providers are not all behavioral	Per CMS requirements, all waiver service providers must be evaluated. The fourteen-month timeline has been identified as sufficient and appropriate by the State and will continue to operate over this timeline.

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				health providers, but are typically home health agencies instead. Between its ASO contractor, APS Healthcare, (does all three waivers) its Personal Options fiduciary contractor, PPL, (does all three waivers) and its contract with Molina to process billing for the Waiver services BMS has an exhaustive and extensive data base available to them going back years from which it should be able to extract data to identify all of the service providers and facilities for which they issue Medicaid payments. This is of even more grave concern given that in November WVBMS announced to the IDDW Waiver providers that BMS is being mandated to cut $43,000,000 from the IDDW Waiver budget. These cuts appear to be targeted at direct services to waiver members. If money is of such concern certainly there is none to be wasted on duplicative information collecting activities to meet CMS requirements for the new rule. While [Organization] recognizes that assessment of each program/facility is required in reality the only program where an extensive assessment is necessary is for the most part the IDDW Waiver as both other	

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				waivers already provide the majority and possible all of their services in people's homes or in integrated community settings. Only IDDW waiver has multiple programs conducted and paid for in segregated settings. So why is it necessary to delay the assessment phase completion by taking a total of fourteen (14) months to do it?	
5	12/18/2014	Email	Statewide	The impact of this unnecessarily lengthy assessment phase is that it will deny people using the waiver access to integrated, community-based services as required by CMS for a longer period of time than is necessary. This seems unreasonable and should be reconsidered. While we realize this is a labor-intensive process to survey each provider/location and evaluate it, the CMS rule States in several places there is an expectation for the States to be effective and efficient in the application of this mandated transition process. [Organization]	The State believes its Stated action items and approach is in compliance with the CMS Final Rule and associated guidance. This comment will be taken under consideration in future Transition Plans.

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				contends that the Assessment section fails to meet these two CMS expectations	
5	12/18/2014	Email	Statewide	1. General # 2. (Self-assessment Survey) - (1) [Organization] believes the time frame of eight (8) months for this Action item is excessively long and demonstrates a lack of efficiency as required in the CMS rule. CMS has already provided an on-line assessment tool so there is no need to engage in a lengthy and costly process to develop an assessment tool as Stated in the Action Item. It is difficult to envision why it will take eight months to collect provider responses to the self-assessment tools provided to them. Since Action Item 4 is preparing the list of settings it would appear the eight-month period in Action Item 2 does not include analysis of data, only collection. It would seem reasonable to expect self-assessments could be distributed, completed and collected back from all providers in sixty days or less.	The survey timeline has been identified as sufficient and appropriate by the State and will continue to operate over this timeline. Action Item 2 is meant to include data analysis. Action item 2 is updated to include "Perform analyses of survey responses."
5	12/18/2014	Email	Statewide	Most of this could be done electronically. [Organization] is concerned that the plan does not State that the completion of self-assessments is mandatory	The survey is available online. All providers are mandated to complete the survey. The State will issue guidance to providers via

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				for all HCBS service providers for all locations. Data will only be reliable and meet CMS requirements if it includes every service/setting and all providers are mandated to report. .	Action Item 5 of the Remedial Action section.
5	12/18/2014	Email	Statewide	General # 3. (1) [Organization] is concerned that this Action Item is too vague. Is it addressing current (and possibly unacceptable) services or proposed new services? Why would resources be spent asking/reporting from consumers on services that do not meet the HCBS rule? What is the purpose of this survey since it is not required by the HCBS rule? Will there be data from every HCBS service recipient? How is this data going to be collected and used? Typically voluntary surveys result in a return rate of 10-30 percent. Research shows those who are either very happy or very unhappy with the subject matter of the survey respond to non-mandatory surveys. This creates a sample far too small and too skewed to be used as reliable data for accurate decision making. Using inaccurate data is more problematic than using no data because if you use bad data for program design and decision	Action Item 3 is designed to identify potentially non-compliant settings through reporting from individuals and families. This comment will be taken under consideration as the State pursues fielding the survey.

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				making you can pretty much expect to get bad results.	
5	12/18/2014	Email	Statewide	(2) Why is this step necessary given current BMS budget constraints, including the requirement from the governor to cut total Medicaid spending by ten (10) percent? The CMS mandated transition plan is by definition a costly process and one not necessarily planned for in the budget prior to release of the rule by CMS. WVBMS has already announced to providers in November that BMS will be cutting forty three (43) million dollars from the current /DD Waiver budget. The I/DD Waiver has a wait list of eligible consumers' approaching 1,000 individuals, the majority of whom can be expected to wait five (5) years or more before they receive a slot. The A&D Waiver frequently runs a waiting list. Is it prudent and necessary to add this expense to the transition plan when it is not specifically required by CMS?	This comment will be taken under consideration as the State pursues fielding the survey per Action Item 3.

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5	12/18/2014	Email	Statewide	(3) Why is a survey necessary to get this information? It should already be available to BMS from their ASOs, contractors and Medicaid payment processing data. This appears to be a duplication of effort, which is contrary to the efficiency intent Statements of the CMS rule.	Action Item 3 is designed to identify potentially non-compliant settings through reporting from individuals and families. This data is not otherwise collected and allows individuals and families to identify non-compliant providers.
5	12/18/2014	Email	Statewide	(4) The time frame does not make sense. It allows two (2) months to develop the survey. It does not mention implementing and analyzing the survey? Is that part of the plan? Why does it take 8 (eight) months to survey provider programs of which there are many fewer and only two (2) months to survey participants of whom there are probably between the three waivers about 30,000 individuals?	Action Item 3 will collect data over a five-month period, not 2. More specific action items will be released in addition to Action Item 3 in future Transition Plans.
5	12/18/2014	Email	Statewide	General # 4 - (1) [Organization] believes that one of the Stated CMS required categories of settings has been omitted from this Action Item; settings that meet the residential and non-residential CMS requirements. Hopefully this is an oversight and WVBMS does anticipate there are existing programs that meet this requirement of the CMS rule.	Action Item 4 is updated to say: 4. Prepare a list of settings that meet the residential and non-residential requirements, those that do not meet the residential and non-residential requirements, may meet the requirements with changes, and settings West Virginia chooses to submit under CMS heightened

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					scrutiny. The list will be distributed to provider agencies and posted to the website.
5	12/18/2014	Email	Statewide	(2) [Organization] believes this Action Item does not meet the intent of the CMS rule. It is our interpretation in reviewing multiple sources of information about the CMS HCBS rule that this work was supposed to be done before the transition plan was written and prior to public comment so the transition plan could address the actual transition work that needs to be done rather than offering a theoretical construct of how to get to the point of identifying the facts of what needs to be done.	WV BMS believes this Action Item does meet CMS requirements. This comment will be taken under consideration in future Transition Plans.
5	12/18/2014	Email	Statewide	(3) Why will it take BMS fourteen months to prepare this list? That is an excessively long period of time and again certainly does not take into consideration CMS' expectation of efficiency and effectiveness in this transition work. It is important to keep in mind these are not new service providers or	WV BMS believes this Action Item does meet CMS requirements. This comment will be taken under consideration in future Transition Plans.

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				new services. They have been billing WVBMS HCBS for years for the most part and one would hope BMS would be knowledgeable about the services they have been paying for.	
5	12/18/2014	Email	Statewide	Remedial Actions Overall Comments: (1) [Organization] is concerned that WVBMS does not plan to actually begin any remedial actions targeted at providers of client services for sixteen months from the start of the transition plan. We are recommending no more than four to six months for assessment and then commencing immediate action plans for remediation.	WV BMS believes the timelines included in the Remedial Actions section do meet CMS requirements. This comment will be taken under consideration in future Transition Plans. More specific action items and timelines will be included in future Transition Plans.
5	12/18/2014	Email	Statewide	(2) For at least the IDDW Waiver compliance with the CMS HCBS rule this• is a significant game changer and will require a major overhaul in the service delivery systems it currently exists in order to comply with the new rule. Unfortunately, WVBMS' plan for compliance does not appear to recognize that this is a major opportunity to recreate the IDDW Waiver service delivery system so it can become a truly community based, client centered program. There is a critical stage of this transition	This Transition Plan is designed as a more high-level overview of the State's plans to comply with the CMS Final Rule. More detailed and specific action items and timelines will be included in future Transition Plans.

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				into the new rule totally omitted from the action plan. What supports and training are going to be provided to the service providers to help them envision and create new service delivery models? Employment rather than segregated workshops and facility-based day activity programs are good examples. In States that have successfully transitioned into integrated, supported and customized employment programs the State government has provided education, training and incentives to behavioral health service providers for development of new service delivery models focused around employment. That is totally missing from this transition plan. It is extremely short sighted to assume the kind of systemic change required by these new CMS rules, especially for the IDDW Waiver will "just happen" at the service provider end of the equation. This implementation of the new rule will carry a significant price tag for WVBMS. It should be designed in a way that gets more results than the same old segregated services under a new spin off corporation of an existent behavioral health services provider with a new store front location that has the	

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				appearance of being integrated into the community. Riding around town with staff all day in a vehicle for community-based day habilitation is not integrated community-based services either. [Organization] is very concerned that these two alternatives as well as choices being made by providers to totally stop doing day habilitation in the community because it is not effective for their bottom line will be the result of the transition plan as it is currently written. This will have the unintended and unplanned for consequence of waiver members losing services that they currently have.	
5	12/18/2014	Email	Statewide	(3) We are concerned that despite major changes in service delivery there is a very uncompromising position being taken by BMS that there will not be any changes in rates to accompany the changes in services: This is particularly of concern regarding employment services. Job development and other essential functions in developing competitive and supported employment opportunities for people using HCBS are not basic direct care staff level services. They require an entire additional	This Transition Plan is designed as a more high-level overview of the State's plans to comply with the CMS Final Rule. More detailed and specific action items and timelines will be included in future Transition Plans.

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				knowledge/training base. Making these services billable at the same rate as taking clients to Wal-Mart shopping is going to lead to failure of these programs. [Organization] does not believe that the intent of the CMS rule is to substitute riding around in the community all day -for sittings in a segregated day program all day. We believe the intent of the CMS rule is to enhance the quality of life for the individuals using HCBS. However if there is going to be real change in these programs it is going to have to be very deliberately built into the transition plan with clear y delineated expectations for outcomes. That is totally lacking in this transition plan as it is written at this time.	

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5	12/18/2014	Email	Statewide	(4) We are concerned that there is a heavy emphasis on training licensure/certification agencies, ASOs etc. to identify and act upon non-compliance by providers, but there is very little emphasis in the plan to support direct service providers in developing successful transition plans from their current services to services that will meet the new CMS rule requirements. There is training provided for treatment planning and client centered services and client rights, all of which is necessary and important. However, training on the actual service models/options/opportunities that will replace existing services seems to be nonexistent? It appears all of the responsibility to figure out how to develop, and implement a new system is on the individual providers? [Organization] believes that is a very dangerous and unrealistic approach that can be predicted to have less than successful results down the road. Given all of the various major changes from Department of Labor, especially the Companion Care rule, CMS, ACA requirements to offer health care to employees when providers employ 50 or more workers, WV minimum	This Transition Plan is designed as a more high-level overview of the State's plans to comply with the CMS Final Rule. More detailed and specific action items and timelines will be included in future Transition Plans.

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				wage laws etc. that are assailing behavioral health and home health service providers in the immediate future, [Organization] strongly recommends that BMS in conjunction with the appropriate agencies within WVDHHR give serious consideration to entering into a collaborative working relationship with the WV Behavioral Health Providers Association and service providers, advocates and others who can assist to truly develop a client centered and productive service delivery system using these Medicaid dollars rather than winding up with a fragmented service delivery system based on whatever each provider decides is their best avenue to fiscal survival under the new rules. One of the undesirable outcomes of that approach is that there will be significant inequities in what services are available in what geographic regions of the State, rather than a comprehensive service delivery system that is reasonably seamless across the State and available to all members. There is a real window of opportunity here. It will be a significant mistake not to take advantage of it and	

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				create and move forward with a real vision for the HCBS of the future in WV. We are also concerned that these impending changes may force smaller providers out of business because they cannot afford to continue to operate. This would create major problems because it would remove the availability of consumer choice of services and providers in some parts of the State, especially very rural areas where choice is already limited. This would potentially leave current members without services and force parents who are employed to provide services through service provider agencies to consider personal options (self-directed) services, not because this is what they want to do, but because it will be personal options or no services. While [Organization] appreciates the value of the personal options choice being available to members• we are also very aware this is not the best choice for every individual and it concerns [Organization] greatly that families are already being forced into this choice, not because they are asking for .it, but because of decisions made by providers not to continue employing parents are putting	

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				members into a situation when they cannot identify any other choices to continue to receive services.	
5	12/18/2014	Email	Statewide	Action Items-Remedial Actions Item # 1: (1) The Action Item does not make sense as written. What is it actually saying? To change licensure (and possibly) certification processes [Organization] believes it is necessary to have the legislature change State code for those areas that need to be changed since the licensure regulations are contained in State code. This is not a	Action Item 5 of the Remedial Actions section includes FAQs as an outreach avenue. Future FAQs will address these process-oriented questions.

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				function that can happen as Stated in any permanent way based on BMS incorporating assessment outcome data into the existing processes. This is not a function that [Organization] believes can be done by any waiver quality council; nor should it be expected that they be involved in this process since their role is advisory and licensure and certification are legal, not advisory requirements.	
5	12/18/2014	Email	Statewide	(2) The second part of the Statement is that they (licensure? Unclear who they is) will identify existing settings that do not meet the requirements of the rule. Wasn't that already completed in the assessment phase which ended 12/30/15? Why would licensure or certification processes be doing this when BMS already did it in terms of new providers/programs wouldn't that screening occur at the time of the application process reaches WVBMS requesting CON agreement before it ever gets to licensure initially?	WVBMS will consider this comment in the development of future Transition Plans surrounding Action Item 1.

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5	12/18/2014	Email	Statewide	Item # 2: [Organization] finds a five (5) year period for training licensure/certification staff absurd. Why would that under any circumstances take five years?	Action Item 2 will take place over five years. Training will take place on an ongoing basis- not just after five years. Future Transition Plans will include more specific Action Items and timelines on training.
5	12/18/2014	Email	Statewide	Item # 3 : While enrollment and re-enrollment procedures may need to be changed, the CMS rule already contains the requirements for compliance. Why would it take six (6) years to strengthen existing procedures when all the requirements are already known and in writing?	Action Item 3 will take place over five years. Training will take place on an ongoing basis- not just after five years. Future Transition Plans will include more specific Action Items and timelines on enrollment and reenrollment procedures.
5	12/18/2014	Email	Statewide	Item # 4- Webinar series: Plan is missing an important element. Who is the target audience for this webinar? Why will it take five (5) years? What is the purpose? Rules already exist. Is this cost effective and necessary?	Action Item 4 will take place over five years. Webinars will take place on an ongoing basis- not just after five years. Future Transition Plans will include more specific Action Items and timelines on webinars.
5	12/18/2014	Email	Statewide	Item # 6 - train enrollment staff -Isn't this part of # 3? Why would this take 5 years? Again, this is another demonstration of lack of concern about being cost effective, timely and efficient.	Action Item 6 will take place over five years. Training will take place on an ongoing basis- not just after five years. Future Transition Plans will include more specific Action Items and timelines on training. Heightened scrutiny is separate from simple compliance/noncompliance

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

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				uphold the right to choice in these issues. We object to something being in this plan which WVBMS knows at the time they write the plan they do not intend to carry out if they are permitted to make the changes they have announced they are planning to make. Again why would this process take 5 years?	
5	12/18/2014	Email	Statewide	Item #10- As a permanent member of the IDDW Waiver QA/QI Council [Organization] has concerns with this as it is written. We have no idea what the words "expand upon" the QIA Councils means. While monitoring data makes sense in the advisory role of the councils; we monitor lots of data, how or why would the Councils establish a baseline of outcomes? What are we measuring? This exceeds the advisory capacity of these Councils. Monitoring data is appropriate and within the ascribed role of the Councils, however, being responsible for establishing baselines and measuring implementation is not an appropriate role for the QIA Counsels. A different group (ASO?) should be doing this and summarizing that data and presenting it to the Councils.	WVBMS will consider this comment in the development of future Transition Plans surrounding Action Item 11 (previously 10).

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5	12/18/2014	Email	Statewide	Item #13 &. Transition plan approval - [Organization] absolutely disagrees with this timeline. It is totally unnecessary to give providers 5 years to develop their transition plan. This is not addressing the actual implementation of transition, but just the development of a plan to do it. Our understanding of the CMS requirements is that these transition plans must be fully implemented and in full compliance in five years or less. How can the real work of compliance be completed if BMS gives 5 years for a provider to write the plan to come into compliance?	Providers will not have five years to submit transition plans. Now Action Item 14, the approval process will be an ongoing process. More specific guidance and action items will be included in future Transition Plans and guidance under Action Item 5 of the Remedial Actions section.
5	12/18/2014	Email	Statewide	Item # 14: (1) Timeline makes no sense. Provider assessments according to the written plan will be completed no later than 12/30/15. Then BMS is going to take up to five years to send formal letters to providers notifying them of the need to do a transition plan for specific settings? This certainly does not make sense. It also does not appear to meet the CMS requirements. In reading the CMS rule these things have to be completed at the very latest in five years. How can the CMS timeline be met using this plan?	Now Action Item 15, this will be an ongoing process throughout the five-year period. Letters will be sent throughout the period- not at the end.

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5	12/18/2014	Email	Statewide	Item #21- [Organization] is very concerned about the language used in this Statement. Why are we transitioning from "congregate employment" to "naturally occurring learning environments ...events"? While [Organization] totally supports community-based learning• and productive leisure and other community activities if a person is employed and the facility they are employed in can no longer be a waiver provider because it is a segregated setting that person should be assisted in obtaining new employment integrated in the community, not shifted into community day activities of a leisure nature so behavioral health providers can continue to bill for services. WV has one of the lowest disability employment rates in the country and the highest SSI, SSDI and disability rates in the country. There is an absolute lack of willingness by WVDHHR, WVBHHF and the WV Bureau of Developmental Disabilities to make the types of commitments to employment first initiatives that are occurring in other States. This transition to comply with the CMS CBHS rule is a once in a lifetime opportunity to shift to a serious effort to support	This is now Action Item 22. WV BMS appreciates this comment and will take it under consideration as it considers provider transition plans.

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				disability employment in WV and BMS can play a pivotal role in making this happen. [Organization] is urging BMS to assure that the action plans you approve for transitioning services from segregated to integrated settings require a strong emphasis on employment and limits payment for daytime activities such as riding in the car and going to Wal-Mart all day.	
5	12/18/2014	Email	Statewide	Action Items – Public Input, Stakeholder Engagement and Oversight: [Organization] is very concerned about the current State of the relationship between WVBMS and the stakeholder community, especially the service providers. Any time a system embarks on major change such as the changes to the three Medicaid waivers in WV, success is always predicated upon strong collaboration between stakeholders, including members using the services, providers of the service and funders of the service. At the current time the relationship between WVBMS and the behavioral health providers who provide IDDW Waiver services is severely strained at best and frequently antagonistic. There has been a	WV BMS appreciates this comment and will take it under consideration as it considers stakeholder engagement efforts and the development of more specific action items and timelines in future Transition Plans.

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				gradual destruction of these relationships over the past five years. [Organization] sees nothing in the plan WVBMS is submitting to CMS that shows any effort to interact with providers in a collaborative and supportive way during this enormous sea of change. We are concerned that these changes will require significant changes for many providers. We support and welcome these changes and have been advocating for them unsuccessfully for many years, so we see the new rule as a positive step forward and support WVBMS in implementing the rule. However we are concerned that there are things that need to be in this plan to support providers through the transition that are lacking in the plan. We are pleased that there are necessary and what appear to be positive additional training and oversight requirements in this plan. However we are very concerned that there is no consideration by WVBMS of the fiscal impact these change$ will have on providers, especially the additional administrative and staff training costs of coming into compliance. Since no rate increases are planned, based on announcements made	

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

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				create integrated, client centered services, not just sets of rules.	
5	12/18/2014	Email	Statewide	[Organization] is very concerned that this plan was sent out for public comment without it being included with the I/DD Waiver application for the next 5 years of that Waiver. There is a direct relationship between the required CMS HCBS rule requirements and the overall structure of WV's IDDW Waiver Program. However that critical relationship has been lost by putting the CMS Rule plan for compliance out for public comment in a piecemeal manner separate from planned changes in the IDDW Waiver program as BMS has done. It is our understanding that the application document will not be ready for submission to CMS until February. It is not clear to [Organization] if a public comment period for the full application will be offered prior to submission of the application to CMS, or just when approval is obtained and the new IDDW Waiver Manual is completed. We are highly concerned there are going to be significant cuts to services in that plan which may possibly negate Waiver	This comment falls outside of the scope of the Transition Plan

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				member's right to client centered services and provider choice. Our concerns are based on an announcement in November by WVBMS they are requiring 43 million dollars in cuts to the IDDW Waiver program as it currently exists. The stakeholder community has no idea what those planned cuts are. Much of the stakeholder community that is made up of members receiving IDDW services and their support systems are not even aware these cuts are being planned. It is difficult to imagine that cuts of that magnitude which are planned to target direct member services will not erode client choice and impact negatively on the concept of client centered services.	
5	12/18/2014	Email	Statewide	[Organization] also has a serious concern about what this plan for meeting CMS requirements for the new rule is costing BMS and where that money is coming from to get this done since it was obviously not planned into the FY 2015 BMS budget for the IDDW Waiver. [Organization] raised this question at a public meeting in November and WVBMS did not respond to the questions. We are concerned that a significant amount of money has been	WV BMS appreciates this comment and will take it under consideration as it considers releasing cost information surrounding the Final Rule implementation. This may be included in information offered under Action Item 5 of the Remedial Actions section.

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				spent on a contract with the Lewin Group to create the plan and do the assessments required without any transparency about the cost of and duration of that contract. [Organization] cannot find any information to support that it was advertised by bid which is the usual way such contracts usually are done. [Organization] feels it is very important that all of the additional costs created by CMS' mandate to comply with the new rule be made available to stakeholders as well as the source(s) of funds used to pay those costs. We feel it is also very important that WVBMS be very transparent if any of those costs are being paid for with funds in the WVBMS budget that were originally targeted to be spent for IDDW Waiver member services.	
5	12/18/2014	Email	Statewide	[Organization] does not understand why the transition plan fails to address the CMS requirement to transition to independent case management. What is the plan for compliance with this CMS requirement?	This comment falls outside of the scope of the Transition Plan
6	12/15/14 Meeting	Public Meeting		[Individual] asked if we are going to take information from certain groups and [WV BMS]	This is addressed in the Transition Plan, Assessment section, action items 2 and 3.

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				said they would from everybody.	
6	12/15/14 Meeting	Public Meeting		[Individual] said [provider] in Morgantown is not on any bus route and is segregated. [WV BMS] said it's in the facility-based day habilitation and there were only three comments regarding these facilities. [WV BMS] Stated we would lose some providers over this. BMS will put timelines to providers.	Addressed in Remedial Actions section, Action item 14.
6	12/15/14 Meeting	Public Meeting		[Individual] Stated more people should be trained and [Individual] said it was incumbent on all of them to have good information to tell people of the implications of the new State Plan.	Addressed in Remedial Actions section, Action item 2.
6	12/15/14 Meeting	Public Meeting		[Individual] asked why does ADW or TBIW not include employee services; Teresa Stated it was not written in the TBIW application and no one brought it up in public forums.	No action needed
6	12/15/14 Meeting	Public Meeting		[Individual] Stated transportation is necessary for clients to receive employment offers but Susan Given said most people on TBIW were not employed prior to their injuries and were drug users and that the Veterans Administration was not interested in TBIW due to the state recovery provisions.	No action needed

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7	12/15/14 Meeting	Public Meeting		[Individual] Stated there are a group of stakeholders missing but [WV BMS] Stated they are included on the quality councils. [Individual] Stated there were two missing consumers but she will send comment to [WV BMS] about it.	Follow up with [Individual] for comments from consumer, act as appropriate.
7	12/15/14 Meeting	Public Meeting		[WV BMS] said she is not sure of what they need to transition and [Individual] said she has read other State plans which are more specific.	More detailed and specific action items and timelines will be included in future Transition Plans.
8	12/15/14 Meeting	Public Meeting		[Individual] asked if they would be allowed to watch webinars and [WV BMS] said yes, and that BMS is posting them on the website.	Added to Remedial Action section, action item 4 of transition plan: "Post webinar archives on BMS website."
9	12/15/14 Meeting	Public Meeting		[Individual] asked if the quality improvement plan councils be privy to what Lewin found out and [WV BMS] said yes.	Added new item to Transition Plan: Action Item 5 of Assessment section: "Post findings from the review of Action Item 1 and aggregate survey results to the website"
9	12/15/14 Meeting	Public Meeting		[Individual] asked what does BMS expect OHFLAC to tell providers and [WV BMS] responded that she doesn't know right now since it's in the planning stages.	Addressed in Remedial Actions section, Action item 6.
9	12/15/14 Meeting	Public Meeting		[Individual] said the 21 biggest groups of people are not in congregant homes but are day	Addressed in Assessment section, Action item 2. The

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				rehabilitation which have differences.	survey controls for setting type.
9	12/15/14 Meeting	Public Meeting		[Individual] Stated people didn't know what's at stake with the new plan and [WV BMS] said she was surprised no providers were at this meeting.	Addressed in Public Input, Stakeholder Engagement and Oversight section, Action item 3.
9	12/15/14 Meeting	Public Meeting		[Individual] asked what process is there for compliance and [WV BMS] said CMS has the final say on this question.	This comment will be taken under consideration as the State shares information offered through Action Item 5 of the Remedial Actions section.
9	12/15/14 Meeting	Public Meeting		[Individual] said some people have an address which makes it very easy for mail going to provider agency's mailbox and is deceptive.	Added "via web and mail" to Assessment section action items 2 and 3.