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1	4/7/2019	Our son is a participant in the IDDW	No	Providers receive
		program and lives at home with his	action	\$5.01 per 15 minute
		parents. The only service that he	needed	unit for Respite, and
		presently receives is Personal Options		\$5.01 per 15 minute
		through Public Partnerships due to the		unit for Supported
		fact that his Service Provider, Westbrook		Employment. Both
		Health Services, has been unable to staff		of these rates assure
		the Respite and Supported Employment		
		components of his Transition Plan for		adequate funds to
		over a year.		pay staff in excess
		One of their staff members even informed		of the minimum
		us that it they get a qualified employee,		wage with benefits.
		their priority would be to place them in		The commenter may
		one of their group homes or apartments		want to explore
		rather that place them with an in-home		other providers in
		client.		the area who pay
		Something needs to be done at the federal		staff more.
		or state level to address this issue. The		stuff more.
		IDDW program is nonexistent for clients		
		that qualify for and need services and		
		they are unavailable. If the intent is to		
		place clients in the least restrictive		
		environment, the first priority of agencies		
		should be to provide staff for in-home		
		services rather than group		
		homes/apartments.		
		Another issue with staffing relates to the		
		pay rate. As the economy has improved,		
		most fast-food chains, Walmart and other		
		businesses start new employees out at		
		\$11.00/hour with benefits. Whereas, most		
		IDDW workers are expected to work for		
		\$8.00-\$9.00/hour without benefits.		
		Something must be done to remedy this		
		issue.		
		These comments may not relate directly		
		to the Transition Plan but they do relate to		

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		the level of services currently being afforded WV IDDW clients. Thank You.		
2	4/9/19	This iteration talks about natural families' individual private homes also needing inspected. I didn't think this was necessary.	Change	The State Transition Plan has been changed to reflect this comment.
3	4/9/19	If you don't have a handicapped child, it might be difficult to understand the emotional, mental and physical toll it can have on one's life, especially when you're the sole parent who loves her child the way all mothers do and wants nothing but the best for him or her. The part of you that realizes your child will never be independent is desperate to know there is a team in place who truly cares. I'm blessed to have that. So blessed. What I don't see in this transition plan is the choice to keep the status quo if you're 100% satisfied. I am 110% satisfied with the team we've assembled and I see nothing but confusion if we start mixing and matching agencies. None of the concerns this transition plan addresses are a factor with my team. They're honest, straightforward, would never take advantage of any situation and, most importantly, they're all loyal to my son and me. That means EVERYTHING to me. I can't stress this enough! My son is my heart. I promised his dad on his deathbed that I would fight for Colin and make sure he was okay. Right now he IS okay, better than okay, because of his familiarity with and affection for his team members. The only choice I want to be forced to make is the choice of keeping the status quo or going along with the	No action needed	The commenter's point is understandable, but the Integrated Services Rule is not the basis for a requirement for 'mixing and matching agencies.' The Integrated Services Rule provides for member choice of providers.

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		changes. Maybe for some the changes will be welcomed, but for those of us who are completely satisfied and have a longstanding team that works like a well- oiled machine, a team that we trust please, please, please give us the option of keeping our team in place exactly as it is. My appeal is on an emotional level, to be sure, and that's because emotions are at the forefront of every mom's desire to keep her handicapped child safe and happy. I respectfully thank you for allowing me the chance to be heard.		
4	4/14/19	For many years my family and I have been fortunate to have (provider) provide excellent care to my severely developmentally disabled brother, who lives in, WV. Their care in all regards has been exceptional. I particular appreciate how well they have coordinated the range of services from case management, to day program, to residential care. I believe that as a well- informed guardian I should be able to choose the provider of the various services for my brother. If I choose to have all services provided by the same company, that should be my prerogative rather than having some state regulation mandate who would provide what. I am a PhD psychologist and am very capable of making well informed decisions for my brother. I am very disturbed that a poorly thought out state regulation could interfere with what has been exceptional care for my brother. I do not need the state to be making such decisions for me.	No action needed	The commenter's point is understandable, but the Integrated Services Rule is not the basis for a requirement for case management to be a service provided by an agency other than the one providing other services to the member. The Integrated Services Rule provides for member choice of providers within the parameters of other sections of the Rule.

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		In fact it feels quite insulting. Please do not implement a restriction on having one company provide all services to a client. This would significantly negatively impact my brother, as well as		
		myself. Please feel free to contact me if you would like further input.		
5	4/14/19	The date on page 8 should be 7/31/18 as opposed to 7/30/18.	Change	The document will reflect actual dates as these become finalized.
		The chart on page 19 has one date of completion that is before the start date. This should be corrected.	Change	This has been corrected to 9/1/17
		Heightened Scrutiny/Isolated settings definitions should be clearer on pages 26 and 27.	Change	This has been corrected.
		The word licensed should describe Day Habilitation not Supported employment on page 23.	Change	This has been corrected. 'Licensed' describes Day Habilitation.
		The Specialized Family Care home reviews should be completed. These still aren't done. See page 32.	Change	The Specialized Family Care Home reviews using the new validation form are being expedited. The anticipated completion date is the June 31, 2019.

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6	4/15/19	concern that the Bureau for Medical Services (BMS) has not shown effort to educate and inform people with intellectual and developmental disabilities who are affected or potentially affected by the HCBS Rule and the State Transition Plan (STP). Based on our contacts with families, we believe people with IDD and their families are generally unaware of the STP and the process for developing it. The response, "As the commenter noted in the previous paragraph, we understand the minimum CMS requirements were met" was given to the concerns expressed again in the last iteration. This is not the standard that should be followed. The BMS should prioritize outreach with education and information. The Plan itself is not easy to read and understand, even for those who have some understanding of the HCBS requirement. Previous efforts did not reach the targeted group.	change	BMS has heldPublic Forums andpublished notice ofState Plandevelopmentthroughout theimplementationprogress. Werespectfully disagreethat the targetedgroup was notreached. BMS willcontinue to includeState Planinformation on ourwebsite, andcontinue outreachthrough programplanningcommittees. Wehave revamped theWebsite to hopefullyassist persons whohad difficultyunderstanding thedocument.
		Exhibit 1 – chart shows that crisis services under the IDD Waiver may not be provided in the community or home settings, yet Chapter 513 lists sites of service as: person's family residence, a Specialized Family Care Home, a licensed Group Home, and Unlicensed Residential Home, and public community settings.	Change	Exhibit 1 was based on data compiled in 2015. It is presented as a part of the regulatory review history. Chapter 513 has been modified since that

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				time. However, in the interest of clarity, the modifications suggested have been applied.
		There are many instances throughout the document in which reference is made to the website, but very little information can be found there. It would be helpful if all items related to the State Transition Plan were included in that tab on the website. A few examples are listed below.	Change	The BMS website for Waiver programs includes all the information given as example. However, in the interest of clarity for the commenter, these will also be referenced under the State Transition Plan specifically.
		Milestones for Implementation – WV 01.0 indicates a report on the review of WV regulations and supporting documents would be posted to the webpage. The Action Items chart indicate this was completed on 11/25/14, but we are unable to find the report. Milestones for Implementation – WV 01.0- (comment repeated)	No action needed	The report is included in all the iterations of the State Transition plan, including the fourth iteration. It is specified under Phase I, Regulatory Review.
		When considering the effort to assure the services received by the people served through the HCBS IDD Waiver are truly integrated, person-centered, and do not		The policies mentioned by the commenter are not a

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		contribute to the isolation of those people	No	part of the State
		from the mainstream of their	action	Transition Plan.
		communities, it is important to look at all	needed	BMS has contacted
		policies and practices of the program.		the commenter for
		Two policies related to employment of		clarification of their
		program participants are examples of policies that need review in this regard:		position.
		A) As communicated previously to the		
		BMS, the policy that limits the provision		
		of Pre-vocational Services to licensed day		
		service settings – which are segregated		
		settings – is counterproductive; and B) the recent (March 20, 2019) policy that		
		required IDD Waiver providers to secure		
		a letter of verification from participants'		
		employers before Supported Employment		
		service will be authorized will have an		
		unintended affect {sic} of getting push- back from some prospective employers		
		and unnecessarily emphasize the		
		individuals as "humans service clients"		
		rather than "employees."		BMS Staffing
				retention and
		also writes in supportrelative to the staffing crisis and its applicability to the		acquisition does not
		STP.	No	come under the
			action	Integrated Services
			needed	Rule. The March
				22, 2019 CMS guidance does not
				address staffing
				acquisition and
				retention, but rather
				addresses
				'appropriate
				staffing'. Staff
				retention and
				acquisition are the
				purview of the
				-

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		Public/Stakeholder Input – the dates for this comment period should replace "to be determined." Same comment for Website section, Summary of Public Comments section, and any other place it may appear in the document. Appendix E: First Public Notice Dissemination – the WV <u>Developmental</u> Disabilities Council is named incorrectly.	change	provider/employer. BMS would note that the providers receive more than \$20 per hour for most direct care staffing services at present. How and to what extent the provider passes this on to the staff is the decision of the provider. The document will reflect actual dates as these become finalized. This was also noted by BMS for all the public notices in Appendix E, and
		Finally, suggests the Department develop informational materials for families and individuals who use HCBS services and distribute it to them via the US Postal Service, since every individual's mailing address is known to you. We also suggest training be	no action needed	changed. The Integrated Services Rule applies to all waiver members, not only IDD Waiver members. BMS is

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		developed for service coordinators and others to assist them in clearly explaining and assisting families and individuals with developmental disabilities to understand the purpose of the STP and how they may be affected.		working with Service coordinator/case manager agencies to clarify any questions that members or other interested parties may have. A FAQ document is located on the State Transition Plan website, and will be shared with these agencies as well.
7	4/15/19	The Fourth Iteration of the plan application fails to address the effect of the ongoing staffing crisis on all setting types. In response to commentary submitted during the July comment period, BMS stated that "staffing retention and acquisition does not come under the Integrated Services Rule." However, CMS issued guidance on March 22, 2019, specifically stating otherwise. Specifically, CMS requested that states and providers consider "[i]mplementing organizational changes that: [a]ssure the required level of support, including appropriate staffing, and adequate transportation options to offer both group and individualized options that facilitate optimal community engagement based on individual preferences." (p.4 Frequently Asked Questions: HCBS Settings Regulation Implementation.)	No action needed	BMS Staffing retention and acquisition does not come under the Integrated Services Rule. The March 22, 2019 CMS guidance does not address staffing acquisition and retention, but rather addresses 'appropriate staffing'. Staff retention and acquisition are the purview of the provider/employer. BMS would note that the providers

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		CMS has made it clear that a Medicaid HCBS recipient's ability to access the broader community as compared to the access of individuals not receiving Medicaid HCBS living in the same geographical area is what determines whether a setting is isolating and subject to heightened scrutiny. In West Virginia, with the ongoing staffing crisis, many HCBS recipients are unable to access their local communities especially in the more rural counties. And in some instances, staff are unable to ensure that individuals even have their basic needs met because the setting is understaffedrequests that BMS address the ongoing problems with service providers acquiring and retaining competent staff to allow Medicaid HCBS recipients greater access to the community, as well as more appropriate supervision and safety in their home and community settings.		receive more than \$20 per hour for most direct care staffing services at present. How and to what extent the provider passes this on to the staff is the decision of the provider.