

<u>Comment Number</u>	<u>Date Comment Received</u>	<u>Comment</u>	<u>Status</u>	<u>Response</u>
1	4/7/2019	<p>Our son is a participant in the IDDW program and lives at home with his parents. The only service that he presently receives is Personal Options through Public Partnerships due to the fact that his Service Provider, Westbrook Health Services, has been unable to staff the Respite and Supported Employment components of his Transition Plan for over a year.</p> <p>One of their staff members even informed us that if they get a qualified employee, their priority would be to place them in one of their group homes or apartments rather than place them with an in-home client.</p> <p>Something needs to be done at the federal or state level to address this issue. The 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.</p> <p>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.</p> <p>These comments may not relate directly to the Transition Plan but they do relate to</p>	No action needed	<p>Providers receive \$5.01 per 15 minute unit for Respite, and \$5.01 per 15 minute unit for Supported Employment. Both of these rates assure adequate funds to pay staff in excess of the minimum wage with benefits. The commenter may want to explore other providers in the area who pay staff more.</p>

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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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		<p>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.</p> <p>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.</p> <p>I respectfully thank you for allowing me the chance to be heard.</p>		
4	4/14/19	<p>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.</p>	No action needed	<p>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.</p>

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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	<p>The date on page 8 should be 7/31/18 as opposed to 7/30/18.</p> <p>The chart on page 19 has one date of completion that is before the start date. This should be corrected.</p> <p>Heightened Scrutiny/Isolated settings definitions should be clearer on pages 26 and 27.</p> <p>The word licensed should describe Day Habilitation not Supported employment on page 23.</p> <p>The Specialized Family Care home reviews should be completed. These still aren't done. See page 32.</p>	<p>Change</p> <p>Change</p> <p>Change</p> <p>Change</p> <p>Change</p>	<p>The document will reflect actual dates as these become finalized.</p> <p>This has been corrected to 9/1/17</p> <p>This has been corrected.</p> <p>This has been corrected. 'Licensed' describes Day Habilitation.</p> <p>The Specialized Family Care Home reviews using the new validation form are being expedited. The anticipated completion date is the June 31, 2019.</p>







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		<p>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.</p> <p>Appendix E: First Public Notice Dissemination – the WV <u>Developmental</u> Disabilities Council is named incorrectly.</p> <p>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</p>	<p>change</p> <p>change</p> <p>no action needed</p>	<p>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.</p> <p>The document will reflect actual dates as these become finalized.</p> <p>This was also noted by BMS for all the public notices in Appendix E, and changed.</p> <p>The Integrated Services Rule applies to all waiver members, not only IDD Waiver members. BMS is</p>

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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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		<p>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 understaffed. ...requests 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.</p>		<p>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.</p>