

ADW Renewal Application Update

Current Language	CMS Waiver Application Change or Technical Update	Revised or New Language
Introduction: Major Changes, p. 2-5'		
	<p>The West Virginia Department of Human Services (WV DoHS) is not proposing significant changes to the waiver and responds to all CMS requirements included in the December 2024 waiver application update.</p> <p>Changes proposed through this waiver renewal application:</p> <p>General:</p> <ul style="list-style-type: none"> • West Virginia Department of Human Services (DoHS) defined, A5 • Converted WV DHHS to WV DoHS, A5, B6-f • Converted DHHS to WV DoHS, G1-b • Converted SP to PCSP throughout the renewal application • Removed “Provider Continuation Certification verification system,” G-QI-bi • Defined SDM as Service Delivery Model, C2-e • Removed “parent of a minor child” in the first sentence, C-2-e • Removed: “Per policy, the BMS claims processing entity has five (5) business days to process the enrollment application.” C2-f • Changed language to “WV ADW provider manual,” D1-b, k • Re-written: “Any case manager working for a case management agency that will also be providing personal attendant services will need to sign a CM Conflict of Interest Assurance form initially and annually.” D1-b, (2) • Defined OPI as Office of Program Integrity, D1-g • Converted WVMIS to WVIMS, D2-a, E1-m • Converted Home and Community Based Services and HCB to HCBS throughout the renewal • Converted DHHR to DoHS, G-1-b <p>Appendix C:</p> <p>C1/C3/Environmental Accessibility Adaptations (Home/ and Vehicle):</p> <ul style="list-style-type: none"> • Service definition: Replaced Utilization Management Contractor (UMC) with Operating Agency (OA) approval of EAA services. • Frequency of verification: Replaced UMC with OA for verifying that the service was provided and documented as required during the annual quality review of the case management agency. <p>Appendix J and B:</p> <ul style="list-style-type: none"> • Tables B-3-a and J-2-n Number of Unduplicated Participants Served updated <p>Appendix J</p> <ul style="list-style-type: none"> • Slot numbers allocated updated • J-2-d Estimate of Factor D • Year 1 – 5 fees updated to match recently submitted amendments 	

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A-QI-b-i: Description of Method for Addressing Individual Problems as They are Discovered, p. 32		
The operating agency and the UMC are required to submit several regular reports to the Bureau for Medical Services (BMS). BMS utilizes these reports to monitor delegated administrative functions. Any individual issues or concerns that are identified via these reports are addressed directly to individual contractors during monthly contract oversight meetings. Strategies to remedy specific identified issues are developed with the contractors and monitored through these meetings. Documentation is maintained with detailed contract meeting minutes.	New Language Added to Technical Guide and HCBS Waiver Application (red font): Describe the state's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction and the state's method for analyzing information from individual problems, identifying systemic deficiencies , and implementing remediation actions. In addition, provide information on the methods used by the state to document these items.	The operating agency and the UMC are required to submit several regular reports to the Bureau for Medical Services (BMS). BMS utilizes these reports to monitor delegated administrative functions and address systemic deficiencies impacting the operations of the waiver . Any individual issues or concerns that are identified via these reports are addressed directly to individual contractors during monthly contract oversight meetings. Strategies to remedy specific identified issues are developed with the contractors and monitored through these meetings. Documentation is maintained with detailed contract meeting minutes.
B-QI-b-i: Description of Method for Addressing Individual Problems as They are Discovered, p. 53		
The UMC is required to submit several regular reports to the Bureau for Medical Services (BMS). BMS utilizes these reports to monitor delegated administrative functions. Any individual issues or concerns that are identified via these reports are addressed directly to individual contractors during monthly contract oversight meetings. Strategies to remedy specific identified issues are developed with the contractors and monitored through these meetings. Documentation is maintained with detailed contract meeting minutes.	New Language Added to Technical Guide and HCBS Waiver Application (red font): Describe the state's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction and the state's method for analyzing information from individual problems, identifying systemic deficiencies , and implementing remediation actions. In addition, provide information on the methods used by the state to document these items.	The UMC is required to submit several regular reports to the Bureau for Medical Services (BMS). BMS utilizes these reports to monitor delegated administrative functions at individual and systemic levels . Any individual or ongoing issues or concerns that are identified via these reports are addressed directly to individual contractors during monthly contract oversight meetings. Systemic issues are discussed with contractors in monthly meetings . Strategies to remedy specific identified issues are developed with the contractors and monitored through these meetings. Documentation is maintained with detailed contract meeting minutes.
B8: Access to Services by Limited English Proficient Persons, p. 55		
Per the Census 2010, 97.6% of West Virginian's speak only English. Due to this high percentage, the ADW program addresses any needs or requests for alternative material on an individual basis. All materials are currently available in alternate formats for individuals who cannot access standard print material. These formats include large print, audio, and Braille. In addition, BMS and all contract staff are available to read printed materials upon request.	BMS Update	Per the Census 2020, 97.5% of West Virginian's speak only English. Due to this high percentage, the ADW program addresses any needs or requests for alternative material on an individual basis. All materials are currently available in alternate formats for individuals who cannot access standard print material. These formats include large print, audio, and Braille. In addition, BMS and all contract staff are available to read printed materials upon request. West Virginia - Census Bureau Profile
C1/C3 – Care Management, p. 58		
Service Type: Statutory Service Service: Case Management Other Standard: Staff must have an acceptable state and federal fingerprint-based checks, acceptable Federal Office of the Inspector General (OIG) Medicaid Exclusion List check, be over the age of 18, valid driver's license, proof of current	CMS requirement for D1-a: New Language Added to Technical Guide and HCBS Waiver Application focuses on the person-centered service plan and should include case manager training and/or competency requirements for the HCBS settings criteria and person-centered plan development.	Other Standard Section: All training must use a competency-based training curriculum defined as a training program which is designed to give staff the skills needed to perform certain tasks and/or activities. The curriculum should have goals, objectives, and an evaluation system to demonstrate competency in training areas. Competency is defined as passing a graded posttest at no less than 70% except for Person Centered Case Management Certification and HCBS Settings Compliance training which requires 80%.

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<p>vehicle insurance, inspection per state law and registration, be able to perform the tasks and meet training requirements as mandated by BMS.</p> <p>Case management services must be provided by an individual fully licensed (this does not include provisional or temporary license) in West Virginia as a social worker, counselor or registered nurse or may be an individual with a four-year degree (BA or BS) in an approved human service field and successful completion of the CM certification in the on-line case management training developed by BMS. If the individual does possess a provisional or temporary license in social work, counseling, or nursing, they also would need to successfully complete the on-line case management certification training developed by BMS.</p>		
<p>C-2-b: Abuse Registry Screening, p. 94</p>		
<p>WV follows WV Code § 15-2C-1. The West Virginia State Police and Criminal Identification Bureau maintains the Central Abuse Registry. All ADW Providers and in the Personal Options Model, the employer of record, are required to request a Criminal Background Check (Central Abuse Registry) for all direct-care staff. The Central Abuse Registry shall contain, at a minimum, information relating to: Convictions of a misdemeanor or a felony involving abuse, neglect or misappropriations of property, by an individual performing services for compensation, within the scope of the individual's employment or contract to provide services, in a residential care facility, in a licensed day care center in connection with providing behavioral health services, or in connection with the provision of home care services; information relating to individuals convicted of specific offenses. Compliance is monitored by the operating agency as part of the periodic review of provider qualifications.</p>	<p>New Language Added to Technical Guide and HCBS Waiver Application regarding narrative included with indication of whether the state requires waiver service provider abuse registry screening, including: [Specify] the process for ensuring continuity of care for a waiver participant whose service provider was added to the abuse registry.</p>	<p>The West Virginia State Police and Criminal Identification Bureau maintains the Central Abuse Registry. All ADW Providers and in the Personal Options Model, the employer of record, are required to request a Criminal Background Check (Central Abuse Registry) for all direct-care staff. The Central Abuse Registry shall contain, at a minimum, information relating to: Convictions of a misdemeanor or a felony involving abuse, neglect, or misappropriations of property, by an individual performing services for compensation, within the scope of the individual's employment or contract to provide services, in a residential care facility, in a licensed day care center in connection with providing behavioral health services, or in connection with the provision of home care services; information relating to individuals convicted of specific offenses. Compliance is monitored by the operating agency as part of the periodic review of provider qualifications.</p> <p><i>The PCSP includes waiver services, non-waiver services, informal support, and emergency backup planning so that continuity of care is maintained. If a crisis occurs which results in a critical incident being substantiated, then a prevention plan will be created by the member and their case manager to support the crisis plan and outline strategies that will ensure similar incidents do not occur in the future and that continuity of care is maintained for the member.</i></p>
<p>C-QI-b-i: Describe the Method for Addressing Individual Problems as They are Discovered, p. 113</p>		
<p>All data surrounding this sub-assurance will be collected through the Operating Agency's Quality and Utilization Review process. As individual problems are identified by the OA during the review process, any agency staff who does not meet the required training components will not be permitted to provide any Waiver service, and the provider will repay BMS for any disallowances for services provided by unqualified staff. The provider</p>	<p>New Language Added to Technical Guide and HCBS Waiver Application (red font): Describe the state's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction and the state's method for analyzing information from individual problems, identifying systemic deficiencies, and</p>	<p>All data surrounding this sub-assurance will be collected through the Operating Agency's Quality and Utilization Review process. As individual problems are identified by the OA during the review process, any agency staff who does not meet the required training components will not be permitted to provide any waiver service, and the provider will repay BMS for any disallowances for services provided by unqualified staff. The provider agency must submit proof of required</p>

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<p>agency must submit proof of required training prior to reinstating the staff. The provider agency must also submit a Plan of Correction which identifies the means by which they will monitor, and track required staff training.</p>	<p>implementing remediation actions. In addition, provide information on the methods used by the state to document these items.</p>	<p>training prior to reinstating the staff. The provider agency must also submit a Plan of Correction which identifies the means by which they will monitor, and track required staff training. BMS reviews sub-assurances monthly and tracks systemic issues and develops provider training and updates provider manuals to support improvement of resolving systemic deficiencies.</p>
<p>C-5-1: Home and Community-based Settings: Description of the Settings in which 1915(c) HCBS are Received, p. 116</p>		
<p>None</p>	<p>New Language Added to Technical Guide and HCBS Waiver Application - Description of the settings in which 1915(c) HCBS are received. (Specify and describe the types of settings in which waiver services are received.)</p>	<p>Member-Controlled Settings: Member-controlled settings are defined as a home or apartment, owned, or leased by a HCBS member or by one of their family members. The following services may be provided in a member-controlled setting: Personal Attendant services (traditional or self-directed), Case Management, Non-Medical Transportation (traditional or self-directed), Skilled Nursing Annual Assessment, Skilled Nursing, Personal Emergency Response Unit (traditional or self-directed), Community Transition, and Pest Eradication (traditional or self-directed).</p> <p>The member's Case Manager is required to complete the approved Member-Controlled Setting Assessment to evaluate the setting at the member's initial home visit and annually thereafter to ascertain that the setting meets HCB settings requirements. The Case Management Monthly Contact form prompts the Case Manager to ask if the member has moved to a new home/apartment or if there have been changes to the setting that need to be evaluated. If it is determined that a setting does not meet the requirements, the Case Manager will assist the member to remediate the identified issue(s), including transitioning to a setting that does meet requirements. A member that chooses not to comply with the HCBS Settings requirements risks losing their services.</p> <p>Provider-Controlled Settings: Provider-controlled settings include (1) a member residing in a home of a paid unrelated caregiver; (2) a member residing in a home that is owned or managed by a provider agency; and (3) an adult medical day care facility. The following services may be provided in a provider-controlled setting: Personal Attendant services (traditional or self-directed), Case Management, Non-Medical Transportation (traditional or self-directed), Skilled Nursing Annual Assessment, Skilled Nursing, Personal Emergency Response Unit (traditional or self-directed), Community Transition, and Pest Eradication (traditional or self-directed).</p> <p>All provider-controlled settings are evaluated by BMS or its designee, the Utilization Management Contractor (UMC) initially and annually thereafter using the approved Provider-Controlled Setting Assessment to ascertain that the setting meets the HCB settings requirements. The Case Management Monthly Contact form prompts the</p>

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		<p>Case Manager to ask if the member has moved to a new home/apartment or if there have been changes to the setting that need to be evaluated. Adult Medical Day Care settings are required to notify the OA prior to making any changes to the setting. The OA will review changes to ensure they meet the HCB settings requirements and provide technical assistance as needed to remediate any identified issues. If a provider-controlled setting is determined to be non-compliant with any settings requirements, BMS and/or the UMC will provide technical assistance with remediation to attain compliance. A member or provider agency that chooses not to comply with the HCBS settings requirements risks losing services or enrollment as a provider agency.</p>
<p>C-5-2: HCBS Setting: Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and in the future as part of ongoing monitoring. P. 117</p>		
None	<p>New Language Added to Technical Guide and HCBS Waiver Application - Description of the means by which the state Medicaid agency ascertains that all settings in which HCBS are received meet federal HCB settings requirements, at the time of this submission and in the future as part of ongoing monitoring. (Describe the process that the state will use to assess each setting including a detailed explanation of how the state will perform on-going monitoring across residential and non-residential settings in which waiver HCBS are received.)</p>	<p>West Virginia underwent the process of developing a State Transition Plan (STP) pursuant to 42 CFR 441.301(c)(6) that contained the actions the State took to bring all West Virginia waivers into compliance with requirements set forth in 42 CFR 441.301(c)(4-5).</p> <p>All members and settings for all the Waiver Programs are reviewed annually using the following protocols.</p> <p>The case manager must complete mandatory training on the STP prior to completing the member-controlled assessments. The case manager training is available on the WV Learning Management System. Personal attendant staff must also receive mandatory training on the STP. This training can be the same training available to case managers or can be in the form of the educational brochure available to members. The provider agency must document how the paid caregiver was trained and if using the brochure, the agency must develop the competency-based training, test, and must ensure the paid caregiver passes with 80% competency. Members will receive educational information on STP from their case manager in the form of the brochure and documented via a signed brochure</p>
<p>D-QI-b-i: Describe the Method for Addressing Individual Problems as They are Discovered, p. 141</p>		
<p>All information relating to this assurance is collected by the Operating Agency through the review of member's charts receiving services. Individual issues/concerns related to this assurance identified during the chart review process are addressed immediately by the Operating Agency with providers during an exit interview. Providers are then required to submit Corrective Action Plans addressing identified issues. All Corrective Action Plans must be approved by the Operating Agency. Services provided that are not</p>	<p>New Language Added to Technical Guide and HCBS Waiver Application (red font): Describe the state's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction and the state's method for analyzing information from individual problems, identifying systemic deficiencies, and</p>	<p>Systemic issues are discussed with the OA in monthly meetings. Strategies to remedy specific identified issues are developed with the OA. Provider trainings and updates to the provider manuals to support improvement of resolving systemic deficiencies are made as needed.</p>

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documented on the Service Plan are disallowed and payment is recouped from the provider agency.	implementing remediation actions. In addition, provide information on the methods used by the state to document these items.	
G-QI-b-i: Describe the Method for Addressing Individual Problems as They are Discovered, p. 186		
Information relating to this assurance is collected through the review of member charts and employee files or the Provider Continuing Certification verification system by the Operating Agency. This process includes analysis of claims data provided by the claims processing entity. Individual issues/concerns related to appropriate documentation of services billed identified during the review of charts are addressed immediately by the Operating Agency with providers during an exit interview. Providers may be required to submit Corrective Action Plans addressing identified issues that must be approved by the Operating Agency. When services are billed outside of policy guidelines, providers are required to repay those claims. Evidence collected via claims data is reviewed and analyzed by BMS and the claims processing entity in order to identify any system issues. As part of remediation if a provider is found to be substantially non-compliance, the provider will be removed from provider selection until the Operating Agency approves their corrective action.	New Language Added to Technical Guide and HCBS Waiver Application (red font): Describe the state's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction and the state's method for analyzing information from individual problems, identifying systemic deficiencies , and implementing remediation actions. In addition, provide information on the methods used by the state to document these items.	Add: All information relating to this assurance is collected and monitored through the WV Incident Management System (WVIMS) which is monitored by the OA and from on-site provider reviews. Individual issues/concerns such as failure to meet reporting and/or follow-up requirements are addressed immediately upon identification by the OA. ADW agencies may be required to submit Corrective Action Plans addressing identified issues that must be approved by the OA and BMS. The OA and BMS monitor issues on a monthly basis to evaluate systemic deficiencies and develop provider training or retrain on required procedures.
I-QI-b-i: Describe the Method for Addressing Individual Problems as They are Discovered, p. 197		
<i>All information relating to this assurance is collected through a review and analysis of claims data provided by the claims processing entity. Individual issues/concerns related to appropriate documentation of services billed identified during the review of member charts are addressed immediately by the operating agency with providers during an exit interview. Providers may be required to submit Corrective Action Plans addressing identified issues that must be approved by the operating agency. Evidence collected via claims data is reviewed and analyzed by BMS and the claims processing entity in order to identify any system issues.</i>	New Language Added to Technical Guide and HCBS Waiver Application (red font): Describe the state's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction and the state's method for analyzing information from individual problems, identifying systemic deficiencies , and implementing remediation actions. In addition, provide information on the methods used by the state to document these items.	All information relating to this assurance is collected through a review and analysis of claims data provided by the claims processing entity. Individual issues/concerns related to appropriate documentation of services billed identified during the review of member charts are addressed immediately by the operating agency with providers during an exit interview. Providers may be required to submit Corrective Action Plans addressing identified issues that must be approved by the operating agency. Evidence collected via claims data is reviewed and analyzed throughout the year by BMS and the claims processing entity in order to identify any systemic issues or deficiencies. BMS will develop vendor training or technical guidance on systemic issues or deficiencies.

ⁱ Language found on this page of the ADW Renewal Application