

Comments for Chapter 501, Aged and Disabled Waiver

Effective Date: May 1, 2023

Comment Number	Date Received	Comment	Action
1.	5/5/23	The Monthly/Quarterly Contact form needs to have a signature line added to verify a face-to-face visit was made.	No Change: Forms are not included in the policy manual but will be updated as needed once the manual is finalized. The Case Manager will continue to be required to sign the contact form, but the member will not be required to sign to verify the quarterly face-to-face visit.
2.	5/17/23	On page 55, first paragraph: It states the Quarterly home visits are to be documented on the home visit forms. Where do I locate this form for Case Management? I have been using the CM monthly contact form as it has the 3 choices of Face to face, Telephone and Quarterly.	Change: The current Case Management Monthly Contact form will be updated once the policy manual is finalized. The name of the form will be changed to the Monthly/Quarterly Contact form.
3	5/17/23	On page 56 2 nd bullet, Submit WV Personal Care Request for Dual Services as needed. I thought that form was archived and no longer in use. The PC MNER has a block for Dual Services and which program they already have. I have spoken to local PC RNs about this and this is what they are following also.	Change: The reference to the Request for Dual Services form was an oversight and it will be removed from the policy manual.
4	5/24/23 6/2/23	Two provider agencies urge the state to make impactful changes to the ADW program by embracing technology and digitization in lieu of hard copy records and traditional practices, and by assisting to ease many workforce burdens faced by agencies.	No Change: The existing policy allows provider agencies to use electronic records in lieu of paper documents. BMS is currently considering an online case management system which will eliminate most paper forms and allow agencies to monitor compliance with policies—i.e., services plans are updated annually and reviewed at least every six months.

5	5/24/23	This provider agency urges the state to immediately address the significant reimbursement shortfall between the ADW program and similar home care programs in surrounding states.	No Change: BMS is currently conducting a rates study for the HCBS programs. The study is to be completed in the fall of 2023 and recommendations for rate changes will be submitted to the legislature.
6	5/24/23	The ADW manual is growing, from 79 to 94 pages. While several additions may be key clarifications, additional regulations are being added to the program, which is out of sync with the de-regulatory approach promoted by West Virginia Governor, Jim Justice, and both the Senate and House of Delegates.	No Change: It is BMS' goal to simplify policy and eliminate unnecessary regulations. The addition of new services; Adult Medical Day Care and Environmental Accessibility Adaptations-Home and Vehicle is the primary reason the number of pages increased. Implementation of CMS' mandatory Home and Community-Based Settings Requirements added three and a half pages.
7	5/24/23	Regarding audits/continuing certification reviews, this provider agency suggests that these be conducted almost exclusively via desk review (digital documentation request).	No Change: The policy manual allows agencies the option to have annual quality reviews/continuing certification reviews in person or via a desk review. However, if there are concerns regarding an agency's location or performance, BMS or the operating agency may request an in-person review.
8	5/24/23	This provider agency suggests updating the current oversight process to allow for uploads of compliance records, so that member and employee records of various types can be reviewed by the OA throughout the year at their convenience.	No Change: Thank you for the suggestion. BMS is currently considering an online Case Management system that will allow the majority of documents (compliance records) to be available to BMS and its operating agency at all times.
9	5/24/23 6/2/23	Under 501.3.3.7, "Record Requirements," two provider agencies suggest clarifying language to avoid confusion about ADW program documentation that is often scanned and later reproduced for billing, audit, and other purposes.	Change: BMS will add clarifying language as suggested.
10	5/24/23 6/2/23	Two provider agencies strongly support the state allowing agencies to use the mandated EVV technology platforms to their fullest extent.	No Change: BMS is exploring this option for future planning. In particular, the EVV system's ability to capture the Personal Attendant's tasks as well as hours worked, may eliminate the need for the Personal Attendant Log.

11	5/24/23	This provider agency opposes the 501.5 – 85% compliance addition, if that addition is intended to result in disallowances or other financial penalties to agencies making good faith efforts to comply with the state’s EVV mandates.	Change: The statement regarding the 85% compliance rate for EVV has been removed from the policy manual. However, the 85% will continue to be a performance measure and agencies that consistently fail to meet or exceed that level of compliance will receive technical assistance and possibly sanctions if they do not make good faith efforts to improve.
12	5/24/23 6/2/23	Two provider agencies support removal of the “contiguous county” requirement under 501.3.2, as well as the ability for providers to add and delete counties as needed. This is a welcome and necessary change.	No Change: Thank you for the feedback
13	5/24/23	This provider agency suggests simplifying (removal of the OA website that staff information must be entered) the process by which designated evidence to document continuing compliance is submitted to the OA every 12 months.	No Change: BMS is currently considering alternatives to the current system for verifying staff qualifications annually. Ideally, the replacement would allow agencies to submit their data through an electronic file instead of the current manual entry.
14	5/24/23	The change made regarding selection of the staff providing the ADW services to those members sampled is a practical, common-sense adjustment, and we support it. Questions remain: if multiple PAs provided services to the member during the review period, we assume that multiple PAs will be reviewed? Will the agency RN that created the assessment and PAL for that member also be reviewed?	No Change: With this change in the manual, the review process will include all staff involved with service provision to the member during the review period.
15	5/24/23 6/2/23	Two provider agencies support allowing agency RNs to offer periodic oversight/ assessment services via telehealth, instead of in-person, if both the agency and member agree.	No Change: Thank you for the feedback
16	5/24/23	This provider agency supports removing the need for the MNER on annual applications and supports using the PAS anchor date for renewal dates.	No Change: Thank you for the feedback
17	5/24/23	This provider agency supports accepting current Certified Nursing Assistants (CNAs) as credentials to work as PAs upon proof of documentation of certification and completion of the other items.	No Change: Thank you for the feedback

18	5/24/23	This provider agency supports the change to 501.6.8 "Training Documentation," which allows agencies to use the approved ADW form to document training, without the accompanying certificates.	No Change: Thank you for the feedback
19	5/24/23	This provider agency supports allowing agencies the flexibility to document training records digitally, as many EVV/software systems have this ability. For example, hard-copy paperwork could be eliminated if a digital training record made up of the WVCARES letter, First Aid/CPR card, training form, etc. were accepted.	No Change: Thank you for the feedback.
20	5/24/23	Over the past few years, and in several ways, the elimination of conflicts of interest has been methodically and adequately addressed through conflict-free case management changes, prohibitions against personal attendant non-compete clauses, and a general promotion of member choice. Member choice should always supersede any other interest or consideration.	No Change: Thank you for the feedback.
21	5/24/23	For Case Management, it says (under Training), "sign conflict of interest statement form". The nurses sign a form for each member initially and annually, but I wouldn't consider that "training."	Change: Language was added to more clearly indicate that Conflict-Free Case Management training and signature on the Conflict of Interest form are required initially/upon hire but only the Conflict of Interest form is required to be signed annually thereafter.