

## Comments for Chapter 501 ADW Manual

Effective Date: April 1, 2021

<u>Comment Number</u>	<u>Date Received</u>	<u>Comment</u>	<u>Action</u>
1.	3/15/2021	This ADW provider agency respectfully requests a slow rollout which does not impact service delivery and/or billing in the coming months, to afford agencies adequate time to implement EVV effectively.	<b>No Change-</b> The time-lines for the EVV roll out has been determined. BMs has and will continue to work with the HHAExchange for implementation to meet timelines that have been reported to CMS. Currently this has gone live, however BMS realizes there are still issues to be worked out. We will work to resolve any issues as they arise.
2.	3/15/2021	ADW regulatory standards tend to be the most demanding, while ADW rates tend to be the lowest of various payors in the industry. It is suggested that a significant de-regulatory overhaul is necessary for the ADW program and manual.	<b>No Change:</b> BMS has removed caseload limits and have adjusted Case Manager credentials allowing more individuals to be eligible. Changes to the PAL include eliminating the Wellness scale and eliminating the requirement for PAs to initial and list specific days on the PAL. BMS will continue to review processes and accept suggestions to make any changes that may allow the processes to be less complicated however, some regulations are mandatory CMS requirements.
3.	3/15/2021	This ADW provider agency respectfully suggests consolidation and integration of several web portals currently required for ADW participation under the HHAExchange system, such as the Provider Certification portal, the Incident Management portal, the WVCARES portal, etc.	<b>No Change-</b> BMS is currently looking into ways to consolidate or utilize file exchange systems for integration of information.
4.	3/15/2021	West Virginia's Medicaid managed care organizations should be engaged to provide case management services for ADW members.	<b>No Change –</b> At this time, the 1915 C Waivers are fee for service.

5.	3/15/2021	The ADW provider agency is requesting for ADW to allow CNAs/STNAs and other similar certifications to be used as PA staff and to allow agencies flexibility in choice for training rules.	<b>No Change</b> – BMS is very interested in this recommendation to allow CNAs/STNAs to be used as PA staff. BMS does plan to do some follow-up research on this to make a recommendation for future amendments to the policy manual.
6.	3/15/2021	The ADW provider agency disagrees with BMS interfering with the private sale of a business and the requirement that members do not transfer with the sale of a business. Sales/Acquisitions occur in WV frequently, often involving Medicaid member/patients, such as with hospital, health centers, private practice, managed care organization, etc. Why a different standard is being applied to ADW as opposed to these other types of sales is confusing and requires additional explanation.	<b>No Change</b> - The ADW program is a Home and Community-Based Services program under CMS regulations. CMS requires that members have Freedom of Choice in their provider agencies. Due to this requirement the members do not automatically transfer with the sale of a business. The member needs to be informed of the change and provide their choice of provider. If the member chooses to stay with the new owner of a business, they may do so however choice must be provided.
7.	3/15/2021	The ADW provider is requesting the removal of the Certificate of Need (CON) process for the Medicaid Personal Care Services program.	<b>No Change</b> - The Personal Care Services program policy manual will be due for revision soon; you will be able to comment on this issue when posted for comment.
8.	3/17/2021	ADW member called to request a copy of the ADW manual. Reviewed changes with member. No comments requested.	<b>No Change</b> – Manual was mailed as requested

9.	3/19/2021	<p>2 comments received on case management fees:</p> <ol style="list-style-type: none"> <li>1. It seems that most of the changes in the new manual are adding more work, travel, visits, responsibilities etc. for the CMA. The new re-imbursement rate for CM services will need to be fair so that a CMA can conduct business as a stand-alone agency and be able to cover the additional responsibility and expense.</li> <li>2. It seems that most of the changes in the new manual are adding more work, travel, visits, responsibility etc. for the Case Management Agency's. With is the new re-imbursement rate for CMA? I certainly hope the rate will be fair for a" stand alone" CMA to cover the additional responsibilities and expenses, otherwise the State of WV will need to figure out how they are going to provide Case Management Services when Agency's cannot make it financially.</li> </ol>	<p><b>Change:</b> Although the Case Management fee is not specifically addressed in the manual, BMS will be re-evaluating the Case Management fee based on feedback received.</p>
10.	3/19/2021	<p>3 comments with concerns regarding no caps on case load limits:</p> <ol style="list-style-type: none"> <li>1. I have concerns regarding no case load limits. I understand the reasoning however not sure agencies will make caseload assignments based on demographics, need etc. Concerned caseloads may become unmanageable as the fees may dictate the numbers.</li> <li>2. Concerned that removing caps on caseloads may negatively impact member services.</li> <li>3. There needs to be a cap on caseloads. Agencies are worried about quantity and the money and not the quality-of-care members are receiving or the stress and well-being of their staff.</li> </ol>	<p><b>No Change:</b> BMS and BoSS will be monitoring Case Management services. If concerns are identified (i.e. complaints from members, staff, consistently missed deadlines etc.) indicating that agency caseloads are too large, the agency will be contacted and informed that reallocation will need to be conducted. BMS will evaluate if there is a need for reimplementing caseload limits should issues become apparent.</p>

11.	3/19/2021	Will training on EVV be on the LMS for employees to access?	<b>Change:</b> EVV training will be removed as a requirement. Some agencies may be utilizing a different provider so training would be difficult to monitor. In all cases, new employees will have to be taught the specifics of the program being utilized so BMS feels there is no need to monitor this.
12.	3/19/2021	Does NEMT cover transportation for our ADW Members to their Dr.'s appointments? All members on ADW have Medicaid and it says that" NEMT cannot be used to transport people on the ADW program to any Medicaid paid medical appointment."	<b>No Change:</b> Non-Emergency Medical Transportation (NEMT) is a state plan service. The ADW program provides Non-Medical Transportation and is for allowing members to go out into the community for essential errands and community outings. It can also be used for transportation to and from non-Medicaid reimbursable appointments. The manual was clarifying that.  NEMT covers transportation for Medicaid reimbursable medical appointments. The manual is only clarifying if the appointment is <b>not</b> a Medicaid reimbursable appointment, ADW transportation can be utilized to take the member to and from that appointment.
13.	3/19/2021	Section 501.14 states" Assessments are to be completed every 6 months from the date of the initial assessment". Does that mean the 6 month and annual assessment must be done on or before that date of the initial or anytime in the month like we are currently doing them?	<b>No Change:</b> This was not a change in the manual. The assessments would be completed anytime during the month they are due as always.

14.	3/19/2021	Are we going to continue with the current policy of Case Managers assisting with financials, submitting DHS-2 and enrollment requests or are we going to put in place as policy the trial procedure we have been using for the past few months where KEPRO and DHHR submit and follow up?	<b>No Change:</b> New applicants will continue to follow the new process implemented during the public health emergency to speed up the application process. Existing members will continue to follow the process in the manual as listed. Once the changes are finalized for the new applicant process, the changes will be incorporated into the policy manual.
15.	3/25/2021	Does the RC on Personal Options have to be present for the 6 month and annual assessments?	<b>Change:</b> The RC is required to be present for the 6 month and the annual. They will not be required to be present for the initial as the manual had indicated however, they will forward any pertinent information along with the budget to the CM. This process will be evaluated and possibly updated depending on the effectiveness of Case Management for Personal Options members.
16.	3/25/2021	Does the Navigator for Take Me Home program, PA/RN, and CM all must be present the day the member comes home?	<b>No Change:</b> This is not addressed in the ADW policy manual; it is part of the TMH procedures manual which is available on the TMH web site. For TMH the RN and CM do not have to be present, however TMH does want them to at least call in to address any issues once the participant is home.

17.	3/25/2021	Is the Coordinator (formally Navigator) required to be present for the 6 month and annual assessments?	<b>No Change:</b> This is not addressed in the ADW policy manual; it is part of the TMH procedures manual which is available on the TMH web site. The coordinator does not participate in the 6 month and annual assessments.
18.	3/25/2021	There was a note that Skilled Nursing services codes would be removed for personal care members as they are not being used through PO. I can understand why the participant might think it is not necessary and want to save the money to use toward paying their PA. I am just not certain I understand why it is optional. If it is a requirement for Traditional agencies, what is the justification for it not being required for PO?	<b>No Change:</b> Personal Options allows members to select those services they feel are needed. The Personal Options member is still receiving an assessment for SP/PAL planning and oversight of the PA. The Bureau is required to report on utilization of services and make changes when needed. You do bring up a good point and BMS will consider this suggestion of making nursing services optional for all ADW members.
19.	4/5/2021	<p>2 comments regarding increased home visits:</p> <ol style="list-style-type: none"> <li>1. Home visits being added in this pandemic is not what should be done at this time. Strongly disagree with this action.</li> <li>2. Do not want the Case manager to visit homes 2 more times a year. Two times year is too many, especially with the COVID pandemic still present.</li> </ol>	<b>No Change:</b> Due to COVID-19, no face-to-face home visits are currently required. Under Appendix K, home visits will not be required until the public health emergency ends.

20.	4/8/2021	We supported the originally required monthly face to face visits. We were disappointed to see this requirement has been removed from the manual. While quarterly face to face visits is an improvement from six-month face to face visits, we feel that monthly visits would be most favorable for members.	<b>No Change:</b> During the comment period for the application, BMS received many comments/complaints about this requirement from members and providers. Members did not want a face-to-face visit monthly, and providers felt with the current number of members being served, it would not be possible to perform other necessary job duties, so the requirement was changed to quarterly. This however will be revised if determined to be necessary.
21.	4/8/2021	We agree with the addition of limitation on restrictive interventions however, we also recommend that this be expanded to include physical restraints using hand, arms, body, etc. and specify a training that is approved.	<b>Change:</b> BMS did add that restraints included use of hand, arms, and body to physically hold the member. The ADW program does not allow any type of restraints. BMS agrees it is a good idea to research existing training for staff to work with individuals that may be at risk of harming themselves. Further research be conducted to determine best practices for this and what training does exist.
22.	4/7/2021	Confused as to why the PA and CMs are required to use EVV and PAA RN is not. The PAA RN does home visits too.	<b>No Change:</b> The CURES Act requires PA staff to use EVV and BMS is also requiring CMs to use EVV when conducting home visits. The PAA RNs may be added to this requirement however for now we are starting with these two job descriptions.

23.	4/7/2021	Continuing to point out that CMs cannot influence a participant's decision and cannot be related to an individual, but not saying the same about PAs or PAA RNs is both discriminatory and offensive. I agree with CFCM however the assumption that only CMs can influence clients is inaccurate and suggesting that only CMs can provide a preferential treatment due to a blood relation is a misstatement.	<b>No Change:</b> CMS guidance on CFCM restricts the individual/agency that develops the service plan from delivering the services that are addressed on the plan. The Case Manager can recommend (possibly influence) a member regarding the services that are believed to be needed, but the Case Manager, unlike the RN or PA does not financially benefit from such recommendations.
24.	4/7/2021	I am concerned but understand why PAAs are being responsible for accessing the PERS service for members. I am worried the service will be underutilized particularly in the beginning while agencies try to determine where the service can be obtained.	<b>No Change:</b> Prior to the PERS unit being available through the program, there were agencies that were already providing PERS units to their members. As with all new services, there will be an implementation phase as agencies develop their processes. Case managers are encouraged to recommend the PERS to the PAA for members that can benefit from the service.
25.	4/7/2021	In past manuals participants on the program were referred to as members, that had changed to person and is now going to back to member. The frequent change in terminology and now to change back seems excessive.	<b>No Change:</b> BMS is striving to utilize the most current recommended People First Language.



26.	4/7/2021	Is there a plan in place to address members who may be resistant to the 2 required additional home visits?	<b>No Change:</b> Members must follow program requirements including participating in annual and six-month assessments, monthly phone contacts by CM, and now quarterly visits by the CM to monitor the member's health and welfare. Refusing home visits when re-implemented would be in violation of that member's responsibility.
27.	4/7/2021	Specifically listing staffing issues as a reason is going to further encourage agencies not to accept a participant until they have a level of staffing, they feel is going to be necessary.	<b>No Change:</b> Staffing issues is a genuine issue for agencies when determining if they can provide staff that can meet the member's specific needs. Also, COVID-19 has resulted in significant workforce issues for agencies. However, it is understood that agencies may inappropriately use staffing issues as a means of "cherry picking" referrals. BMS is currently researching methods to monitor referrals to ensure this does not happen.
28.	4/7/2021	The transfer process is too cumbersome to be managed by the CMA alone. While CMs can work with BoSS to find agencies, doing this function alone will take up a large portion of the CM time contacting agencies repeatedly. Depending on the area, a CM may have only a few agencies to call or many agencies to call.	<b>No Change:</b> Linking and referring members to needed services is a core Case Management function. BMS will monitor the transfer process and adjustments will be made as needed.

29.	4/8/2021	RNs would prefer initials on the PAL instead of an X as it will be easier to know what staff had been working if there was a substitute.	<b>No Change:</b> If your agency decides they would like to keep initials, they may do so. It is not required but if that is what your agency prefers, you can require that. Agencies can do more than what is required, they need to be sure to meet the requirement of documenting.
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