

Chapter 501 Aged and Disabled Waiver Public Comments and Answers

Effective Date: January 1, 2023

Comment Number	Date Received	Comment	Action
1.	5/23/22	Regarding mandatory face to face visits completed by Case Management, I see in the policy the existence of “quarterly face to face visit” but according to the Statewide meetings, when polled, the majority of respondents selected mandatory “annual” face to face meetings. Of course, there is the potential for face-to-face visits “as needed” when 1) clients cannot be contacted to make a monthly contact 2) in response to a need for a face-to-face meeting with clients. Many of the clients we serve would find quarterly face to face visits intrusive.	No Change - Quarterly home visits by the Case Manager will be required to monitor program members’ health and welfare and the effectiveness of services provided.
2	5/23/22	I would suggest that monies be made available for things that are not covered but present an issue in the lives of the participants. This includes treatment for bed bugs, smoke detectors and carbon monoxide detectors.	No Change - ARPA funds are not addressed in the ADW application.

3	6/1/22	Our agency is in support of the state's addition of a Medical Adult Day Care option however why a non-medial adult day care option is not being added, and/or, might the state consider the addition of a non-medical adult day care option in the future?	<u>No Change:</u> BMS is making available the Medical Adult Day Care option for now. Currently the Senior Centers provide social programs for members.
4	6/1/22	This agency is in support of adding additional ADW slots, as HCBS options have proven to be cost-effective and popular options among seniors and those with disabilities in WV.	<u>No change:</u> Slots are added to the ADW based upon the volume of applications and availability of funds.
5	6/1/22	This agency supports adding environmental accessibility adaptation (EAA), home and vehicle, for traditional and self-directed SDM. The \$1,000 per service plan year seem to be a reasonable amount which will allow for impactful improvement.	<u>No Change:</u> Thank you for your comment.

6	6/1/22	Although this agency is in support of EAA, home and vehicle, this agency has reservations about accepting the sole responsibility of ensuring that the EAAs are completed prior to receiving payment and/or paying a contacted vendor, and about accepting the sole responsibility for record-keeping obligations, as these duties create significant liability and risk on behalf of the agency. Further ADW agencies do not typically have expertise in validating vendor qualifications for these types of work.	<u>Change:</u> The application has been updated to clarify the process for providing and claiming EAA service. Provider agencies are not required to pay for the item/service prior to receiving payment. Instructions for verifying vendor qualifications will be provided in the ADW policy manual.
7	6/1/22 6/10/22	2 agencies support removing the need for the MNER on annual applications and supports using the PAS anchor date for renewal dates.	<u>No Change:</u> Thank you for your comment.
8	6/1/22	This agency supports accepting Certified Nursing Assistants (CNAs) as credential for PA upon proof of documentation of certification and completion of first aid and CPR to expedite the hiring process.	<u>No Change:</u> Thank you for your comment.

9	6/1/22	While accepting the CNA as credentials for a PA, it does not alleviate the overly burdensome and unnecessarily prescriptive requirements for ADW PAs. This agency respectfully requests that agencies have the authority to train PAs as the agency sees fit, and the authority to document this training in the manner the agency sees fit.	No Change: BMS is currently reviewing staff training requirements. Changes will be reflected in the updated policy manual.
10	6/1/22	Rather than requiring agencies to input PA training information/data in the Provider Reporting Portal, this agency respectfully requests that agencies be given an option to upload PA training information/data to one of the existing portals that ADW agencies are required to use, such as the WVCARES, HHAeXchange etc. Allowing for this will provide numerous information to the state on an immediate basis for review, as opposed to only providing this information/data during ADW audits/reviews taking places more than a year later.	Change: References to the Provider Reporting Portal were not present in the application. Only reference to documentation being submitted is mentioned but not how submitted. Alternatives to this reporting system are being considered.
11	6/1/22	This agency does not support removal of the requirement of use of EVV for Case managers. It is perplexing that the state would continue the requirement of use of EVV for PAs but not CMs if one of the goals of implementing EVV in WV is to reduce fraud, waste, and abuse.	No Change: The CURES Act does not mandate that Case Managers use EVV. Instead of requiring Case Managers to use EVV when conducting home visits, BMS is researching the ability to make this optional for agencies.

12	6/1/22	This agency does not support the implementation of an 85%/15% manual entry threshold related to EVV, unless this requirement is explicitly required under the Cures Act. The implementation of EVV in WV continues to be problematic and frustrating for agencies and employees. While there are various reasons for this, placing strict EVV requirements on agencies that are above and beyond the minimum Cures Act standards is ill advised.	No Change: All CMS Quality Measures require BMS to provide remediation if performance falls below 85%.
13	6/7/22	As a Personal Attendant Agency, we provide Personal Attendant services, how does EAA fall into that category? Finding, hiring, and overseeing construction sites is way outside the scope of our services. We are not qualified to complete these tasks, nor do we have the staff to oversee such things. We are limited in the number of staff we can hire by our very low reimbursement rates so how do you expect us to add additional work to already overworked and underpaid staff? Especially work that we are <u>not qualified to do</u> .	Change: The application has been updated to clarify the process for providing and claiming EAA service. Provider agencies are not required to pay for the item/service prior to receiving payment. Instructions for verifying vendor qualifications will be provided in the ADW policy manual. BMS is researching other options for processing payments for EAA services.
14	6/7/22	It sounds like you expect the PAA to pay for the EAA services and get reimbursed by the state. Is that correct? It's bad enough we must pay out of pocket for the PERS units, but it is manageable at that low of a cost, expecting us to pay thousands of dollars and wait for reimbursement is insanity.	Change: The application has been updated to clarify the process for providing and claiming EAA service. Provider agencies are not required to pay for the item/service prior to receiving payment. Instructions for verifying vendor qualifications will be provided in the ADW policy manual. BMS is researching other options for processing payments for EAA services.

15	6/7/22	If the state feels EAA needs to be provided perhaps BMS should hire additional staff on the state level to oversee these services as it is outside the scope of the ADW program for both case management and PA agencies.	Change: The application has been updated to clarify the process for providing and claiming EAA service. Provider agencies are not required to pay for the item/service prior to receiving payment. Instructions for verifying vendor qualifications will be provided in the ADW policy manual. BMS is researching other options for processing payments for EAA services.
16	6/10/22 6/20/22	2 agencies expressed concerns with CFCM and that it is not promoting choice or following the 14 th amendment. Both agencies feel that by telling Participants that they have Freedom of Choice to select their health care provider (CMA, PAA) with the exception of picking a company owned by the same entity does not meet the definition of Freedom of Choice. By doing so BMS is in fact denying members true Freedom of Choice.	No Change: Conflict Free Case management (CFCM) is a CMS requirement.
17	6/10/22 6/20/22	2 agencies expressed concerns indicating that BMS' enforcing CFCM is being done to create financial gain for the state by utilizing the Balancing Incentive Program which offers participating states a financial incentive to make significant structural changes to their LTSS deliver system in return for enhanced deferral Medicaid funding.	No Change: Conflict Free Case management (CFCM) is a CMS requirement. Implementation of CFCM offers no financial gain to the state.

17	6/10/22	<p>The mileage reimbursement rate must be increased. There is already a shortage of workers and with the continued raise in gas prices, workers cannot afford to drive to their participants especially in the rural area's which are already so hard to staff. The low reimbursement rate is greatly contributing to the staffing shortage.</p>	<p><u>Change:</u> The ADW mileage reimbursement rate was increased effective August 1, 2022, to fifty cents (\$0.50) from forty-two cents (\$0.42) per mile. The mileage rate will be adjusted in coordination to rate changes for Non-Emergency Medical Transportation (NEMT).</p>
18	6/10/22	<p>I have been a case manager for 28 years and know that doing mandated quarterly visits will not work. If a case manager is out in the field most of the month doing home visits, when will they have time to address the problems, work on community coordination for the problems, call Dr's, DME companies, follow up calls and complete all their paperwork. Case Managers spend a huge amount of time on the phone calling area resources to address and request help, financial or otherwise, for Participant issues as well as answering the daily calls and problems the Participants call in with. I believe it is better and has shown to work to continue the 6-month visits and leave it up to the case managers to do PRN visits as needed. Some Participants cases are stable, and the monthly calls and 6-month visits work fine for others with ongoing issues and problems the case manager may need to see them as often as every month until the case is stabilized, and issues are resolved but that should be left up to the CM as they know the needs of their Participants. I strongly believe that if you mandate quarterly visits, Participant care will suffer!</p>	<p><u>No Change:</u> The quarterly face to face visit was part of the approved amendment submitted in April 2021. The original submission was monthly visits which then dropped to quarterly visits due to submitted comments. Currently it is not required due to the pandemic. This is not a proposed changed in this application as it was already part of the application and manual.</p>

19	6/10/22	It is my understanding we will start doing HV's again by January, I don't understand why you would start back in the middle of winter during the cold and Flu season and especially since Dr. Marsh just said on the news two days ago that the Omicron variant is highly contagious especially so for people 65 years and older. We still have people refusing care and visits due to concerns for COVID, we still have Professional staff and Direct care staff either Dx with COVID or have had a direct exposure to COVID.	No Change: This is the tentative plan for return to face-to-face home visits. As we move closer to that date, BMS will continue to monitor the situation and Public Health Emergency status.
20	6/10/22	I do agree with the following proposal--. Remove the requirement of use of EVV for CMs.	No Change: The CURES Act does not mandate that Case Managers use EVV. Instead of requiring Case Managers to use EVV when conducting home visits, BMS is researching the ability to make this optional for agencies.
21	6/20/22	Reimbursement rates need increased to account for the inflated costs of providing services.	No Change: Thank you for your comment. BMS is currently evaluating the need for additional rate increases.

22	6/20/22	Uniformity of all paperwork and regulation will help to streamline the entire homebased care industry in WV. By having uniform paperwork, it will simplify the processes for our home health staff who often struggle with paperwork and understanding without extensive one- on-one training multiple times over. Agencies must pay aides to attend these trainings, so it increases the cost to the agency.	No change: BMS is currently researching options to streamline documentation requirements, including an online Case Management system and electronic Personal Attendant/Direct Care documentation. Providers will have the opportunity to make recommendations and give feedback as these changes are implemented.
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