WEST VIRGINIA Department of Health & Human Resources
Bureau for Medical Services

Innovative Resource Group d/b/a
APS Healthcare

PUBLIC PARTNERSHIPS

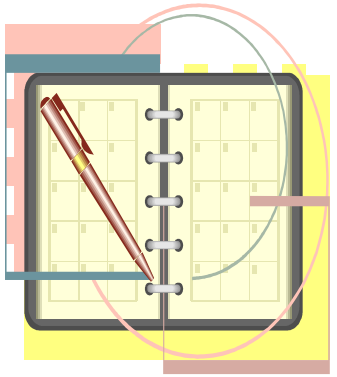
Early Childhood & Schoolwide
APBS
Community
Individual

WV I/DD Waiver Training for Members and Families

2011

Agenda

- Welcome
- Eligibility, Rights, Responsibilities, Discharge and Appeal
- Staff Training Requirements
- IPP/IDT
- I/DD Waiver General Changes and Available Services



Agenda

- Service Delivery Models
  - Traditional
  - Participant-Directed
    - Agency With Choice (AwC)
    - *Personal Options* Fiscal/Employer Agent (F/EA)
- Presentation by Public Partnerships, LLC (PPL)
- Transition Plan
- WV I/DD Waiver Forms

WV I/DD Waiver Manual

Re-Eligibility, Rights, Responsibilities, Discharge and Appeal

Re-eligibility Determination Process

- Medical eligibility must be re-determined annually
- APS will conduct the functional assessment which will be used to determine your individualized budget *and* annual medical eligibility
- APS will forward the assessment to the Medical Eligibility Contracted Agency (MECA)
- The MECA will determine medical eligibility annually based on this functional assessment

Overview of the Assessment Process

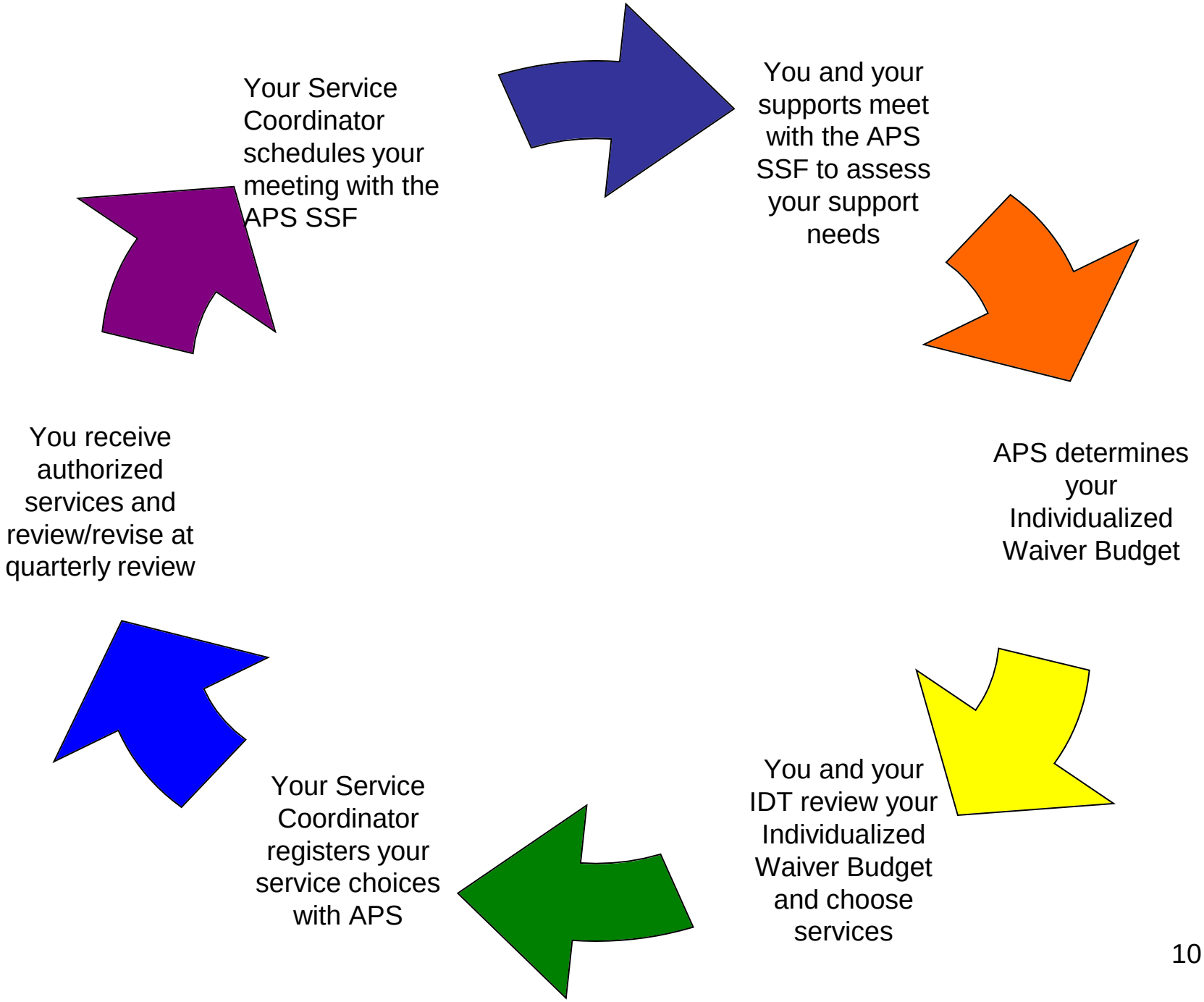
- Service Support Facilitator (SSF) conducts the annual functional assessment
- You and all chosen respondents must be present
- Prepare to spend 1-2 hours for the assessment
- Respondents discuss support needs
- Ask for a break or clarification, if needed

Annual Functional Assessments

- Occur EACH year, up to 90 days prior to your Annual IPP
- Are typically scheduled between the SC and the SSF
- Should have respondents chosen by your team, but it is mandatory for your Service Coordinator to attend your annual functional assessment
- Participation in the annual functional assessment is mandatory

Annual Functional Assessments

- Determine your annual individual budget amount and medical re-eligibility
- Results should be used to help develop training objectives


You and your supports meet with the APS SSF to assess your support needs
APS determines your Individualized Waiver Budget
You and your IDT review your Individualized Waiver Budget and choose services
Your Service Coordinator registers your service choices with APS
You receive authorized services and review/revise at quarterly review
Your Service Coordinator schedules your meeting with the APS SSF

Member Rights

- You have the right to:
  - Choose between ICF/MR or I/DD Waiver
  - Choose service coordination agency
  - Choose Participant-Directed and/or Traditional Services
  - Have multiple providers
  - Voice dissatisfaction with services
  - A Medicaid Fair Hearing

Member Rights

- Your provider agency must:
  - Ensure that you are not discharged unless a viable discharge/transfer plan is in place that effectively transfers all services you need to another provider or providers and is agreed upon by the you and/or your legal representative and the receiving provider or providers

Member/Family/Legal representative Responsibilities

- You may be discharged from the I/DD Waiver Program if not compliant with responsibilities:
  - Be present during Interdisciplinary Team Meetings (IDT)
  - Participate in annual functional assessments which will determine medical eligibility and budget
  - Comply with I/DD Waiver policies including monthly SC home visits
  - Implement portions of the IPP for which you have accepted responsibility
- Maintain a safe environment for employees to work

Member/Family/Legal Rep Responsibilities

- You must report suspected fraud to the Medicaid Fraud Control Unit:
  - MFCU is charged with investigating suspected Medicaid fraud and making applicable referrals for prosecution
  - Investigate alleged abuse, neglect and financial exploitation of persons who receive Medicaid

Member/Family/Legal Rep Responsibilities

- Examples of Medicaid Fraud:
  - Billing for services while abusing, neglecting, exploiting the member
  - Billing for services that never occurred
  - Double-billing
  - Billing for unnecessary services

Member/Family/Legal Rep Responsibilities

- If Medicaid Fraud is suspected, you must contact the Medicaid Fraud unit at:

  1-888-FRAUDWV (1-888-372-8398)

  (304) 558-1970

  https://www.wvdhhr.org/oig/mfcu/secRepFrd/

- Reports of fraud can be completed via:
  - Phone
  - Online reporting form
  - In writing

Member/Family/Legal Rep Responsibilities

- All people providing services are mandated reporters
- If abuse/neglect is suspected, contact:
  - Adult Protective Services

    1-800-352-6513
  - Child Protective Services

    1-800-352-6513
  - Local County DHHR Office

Member Grievance/Complaints

- You (Member/Legal Representative) have the right to access the Medicaid Fair Hearing Process consistent with state and federal law

Member Appeals

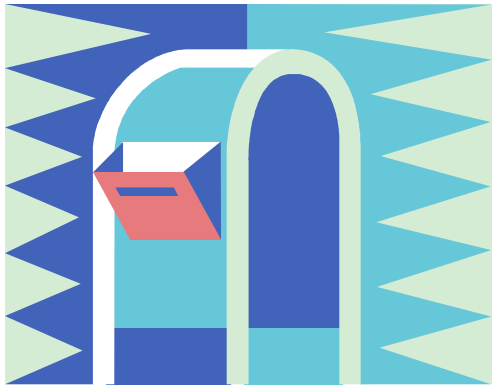
- If medical eligibility is terminated, APS Healthcare will forward a Notice of Decision and a Request for Hearing form to you (member or your legal representative) and the Service Coordinator

Member Appeals

- To appeal, you must submit the Request for Hearing form to the Board of Review within 90 days of receipt of the Notice of Decision
  - You may have a psychological evaluation completed at the expense of BMS
  - Will be completed by a member of the IPN

Member Appeals

- If medical eligibility is terminated and you wish to continue existing services throughout the appeal process, the Request for Hearing form must be submitted within 13 days (otherwise, services will cease)

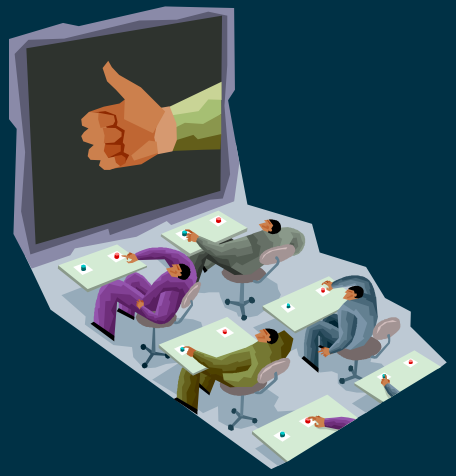


Member Discharge from Program

- Income or assets exceed limits (not financially eligible)
- Not medically eligible
- Voluntary termination
- If deceased

- Failure to comply with policy/responsibilities (assessments, IDTs, home visits)
- Not accessing direct support services for 180 consecutive days

Staff Training Requirements



Staff Training Requirements

- All agency staff (excluding contracted extended professionals) having direct contact with you (the member) must meet the qualifications listed below:
  - Acceptable CIB (WV State Police fingerprint CIB initially and then every 3 years thereafter)
  - Acceptable NCIC (Federal fingerprint initially if applicant has lived out of WV in past 5 years)
  - Protective Services Record Check (not req for Personal Options) www.wvdhhr.org/bcf

Staff Training Requirements

- Continued:
  - Cannot be on the list of excluded individuals maintained by the Office of the Inspector General http://exclusions.oig.hhs.gov/
  - Must be over the age of 18
  - Must have the ability to perform the tasks

Staff Training Requirements

- Staff must have documentation of training initially and annually thereafter:
  - Treatment policies and procedures
  - Consumer Rights
  - Emergency Procedures, such as Crisis Intervention and restraints
  - Emergency Care to include Crisis Plans or Emergency Disaster Plans
  - Infectious Disease Control

Staff Training Requirements

- Continued:
  - Heimlich maneuver
  - Cardiopulmonary Resuscitation (CPR) through the American Heart Association (AHA) or American Red Cross (ARC)
  - First Aid through the American Heart Association (AHA) or American Red Cross (ARC)
  - Member-specific needs (including special needs, health and behavioral health needs)
  - Recognition, documentation, and reporting of suspected abuse/neglect and exploitation
  - Agency staff who function as Approved Medication Assistive Personnel (AMAP) must have high school diplomas or the equivalent and be certified AMAPs

Individual Program Plan (IPP)/ Interdisciplinary Team (IDT) Meeting

IPP/IDT

At minimum, your IDT consists of:

- You, if medically and behaviorally able
- Your legal representative and Participant-Directed representative (if applicable)
- Your Service Coordinator
- Representatives of all I/DD Waiver agencies/providers that provide services for you
- A Medley Advocate if you are a Medley Class Member
- Involved parties such as friends, extended family, your representative payee and your significant other

IPP/IDT

- Other team members may include:
  - Professionals (TCs, BSPs, RNs, PTs, OTs, SLPs, RDs)
  - Direct Service Providers (Day Hab, Person-Centered Support workers, Respite)
  - ANYONE YOU CHOOSE!!!
    - Friends, family, circle of support, advocates, etc.

IPP/IDT

- Your annual IPP must be held within 30 days prior to your Anchor date
- Example: If the Annual Anchor date is July 1, then the Annual IPP meeting must be conducted between June 1st and July 1st

IPP/IDT

- I/DD Waiver Services must be:
  - –Based on assessed need
  - –Agreed upon by the IDT
  - –Included in the IPP

I/DD Waiver General Changes and Available Services

General Service Changes

- Psychologists and RNs are not required to attend your IPP meetings
- You will not be required to have an updated psychological evaluation (but may still access one, if necessary through regular Medicaid)

General Service Changes

- If you receive Agency Residential Habilitation, Community Residential Habilitation, Adult Companion and/or Community-based Day Habilitation
  - You will now receive Person-Centered Support Services
- If you go to a facility for Day Habilitation or Prevocational activities
  - This will now fall under the Facility Day Habilitation code
- Day services for adults are no longer required, but are still available

General Service Changes

- You may receive up to 104 hours annually of Physical Therapy, Occupational Therapy, and Dietary Therapy combined

All Direct Care Services under the Traditional Service Option-Combined (excluding respite)

- If you live in a Natural Family/Specialized Family Care Home (NF/SFCH) and you are eligible for public education, you may be eligible to receive an average of 8 hours per day of direct support services
- If you live in a NF/SFCH and you are not eligible for public education, you may receive an average of 12 hours per day
- If you live in an Intensive Support Setting or Group Home (ISS or GH), you may receive an average of 24 hours per day

All Direct Care Services under the Traditional Service Option-Combined (excluding respite)

- **Public Education Services** are defined as school services for students through the end of the school year when the student turns twenty-one (21) years of age or the student has met graduation requirements for a standard high school diploma as defined by the Individuals with Disabilities Education Act (IDEA) and WV policy 2419

Active Training

- Active treatment is not a requirement in services; however, assessed needs must be addressed in your IPP
  - Active treatment is still required for ICF/MR eligibility
- You have the option to receive informal habilitation programming through natural supports
- To help you with your assessed training and/or behavioral needs, a Therapeutic Consultant or Behavior Support Professional is available

Behavior Support Professional

- Develops skills and maladaptive behavior training programs
  - Trains direct care employees
  - Develops positive behavior support plans
  - Develops adaptive behavior plans
- Limited to 240 hours per IPP year combined with Therapeutic Consultant
- May attend your IPP meetings

Crisis Service

- For use if there is an extraordinary circumstance requiring a short-term, acute service that utilizes positive behavioral support planning, interventions, strategies and direct care
  - Now allowed in NF/SFC homes
- Allows a 2:1 staff/member ratio
- May be immediately used without prior authorization up to a maximum of 72 hours
- Limit: 336 hours/IPP year

Dietary Therapy

- Nutritional assessment and therapy for diseases that have a nutrition component
  - Preventative health and diet assessment
  - Weight management
- Limit: 104 hours/IPP year combined with Physical Therapy and Occupational Therapy

Electronic Monitoring

- Oversight and monitoring within the residential setting through off-site electronic surveillance
- This is a new service that may be provided in your residence (if you are an adult)
- You can be assisted electronically, reducing the need for on-site staff
- May not be used in Specialized Family Care Homes
- May not be used to monitor direct care staff

Environmental Accessibility Adaptation: Home and/or Vehicle

- Environmental Accessibility Adaptations (EAA) are physical adaptations to your home or vehicle
- The purpose of this service is to maximize your accessibility to the home or vehicle
- Limit: $1,000/IPP year combined with Participant-Directed Goods & Services

Facility-Based Day Habilitation

- Structured program that uses meaningful and productive activities designed to promote the acquisition of skills or maintenance of skills for you outside the home
- Limit: 6,240 units or 1560 hours/IPP year
- Staff to member ratios for this service are 1:1-2, 1:3-4, and 1:5-6
- Staff may not be a family member or any other individual who lives in your home

Occupational Therapy

- Evaluation and training in areas of fine and gross motor
  - Self care training
  - Sensory training
  - Assistance and training for adaptive aids
- Limit: 104 hours/IPP year combined with Physical Therapy and Dietary Therapy

Participant-Directed Goods and Services (PDGS)

- PDGS is defined as services, equipment or supplies not otherwise provided through Waiver and meets the following requirements:
  - An item or service that would decrease the need for other Medicaid services and/or increase your safety and opportunities in the community - specific to YOUR NEEDS
  - You do not have the funds to purchase the item or service or the item or service is not available through another source

Participant-Directed Goods and Services (PDGS)

- Continued:
  - PDGS are purchased with your budget
- $1,000 per IPP year in combination with Traditional Environmental Accessibility Adaptations- Vehicle and Home
- To access PDGS, you must also access at least one other type of PDS during the budget year – i.e. Person-Centered Supports, Respite and/or Transportation

Person-Centered Support

- Training and/or support activities that enable you to live and inclusively participate in the community
- PCS combines Agency Residential Habilitation, Community Day Habilitation & Adult Companion Services

Person-Centered Support

- **Agency**: Agency staff may not be any individual who lives in your home
- **Family**: Staff must be a family member, other than your spouse, who lives in your home –or- a Specialized Family Care Provider (SFCP) delivering the service in a SFCP home
- **Participant-Directed**: May be either family or other persons you choose

Physical Therapy

- Screening, assessment and treatment designed to preserve and improve your independence
  - Gross and fine motor skills
  - Range of motion
  - Strength
  - Muscle tone
- Limit: 104 hours/IPP year combined with Dietary Therapy and Occupational Therapy

Respite

- Designed to provide assistance/relief to your primary caregiver
- Not available in medical hospitals, nursing homes, psychiatric hospitals or rehabilitative facilities
- Only 1:1 or 1:2 ratios are allowed to be utilized in your family residence or in a SFCP Home
- Limit: 1,728 hours/IPP year

Respite: Crisis Site

- Temporary substitute care for you if you need an alternative residential setting due to behavioral needs or lack of supports
- 30 day maximum stay
- May only be provided in BHHF Crisis sites
- Under emergent circumstances which place your or others' health and safety at risk, crisis services may start immediately without prior authorization up to a maximum of 72 hours

Service Coordination

- Ensures accessibility, accountability and continuity of your support and services
- SCs perform the same function for everyone, regardless of which service option you choose
- Present any restrictive measures to the Human Rights Committee if no other professional is presenting the same information
- Comply with incident reporting requirements of the WV IMS
- Participate in your annual functional assessments

Skilled Nursing

- Licensed Practical Nurse: monitoring, direct nursing care, etc.
  - More than two hours/day requires prior authorization and that the nurse provide direct-care support
  - Max of 11,680 units/2920 hours (Average 8 hours/day) can be prior authorized
- Registered Nurse: nursing services outside the scope of an LPN
  - Max of 120 hours/year can be prior authorized
  - IPP Planning (may bill to attend your team meetings)

Speech Therapy

- Screening, assessment and direct intervention to improve speech and hearing disabilities
- Limit: If you are below age 24, you may receive up to 96 units/events per year
- Limit: If you are 24 or older, you may receive up to 48 units/events per year

Supported Employment

- Helps you to engage in paid, competitive employment, in integrated community settings
- Limit: 2,080 hours/IPP year
- This limit is combined with other direct care services except respite

Therapeutic Consultant

- Develops training plans and provides training about your needs to your direct support staff
- Attends your IPP meeting if you choose
  - You are not required to have a Therapeutic Consultant but your assessed training needs must be addressed in your IPP
  - You have the option to receive informal habilitation programming through natural supports (unpaid family, friends, etc.)
  - Limit: 960 units/240 hours in combination with BSP per IPP year

Transportation Miles

- Transport to the site of a planned activity or service which is addressed on your IPP and based on your assessed need

- Limit: 9,600 miles annually
  - (Based on average of 800 miles per month)
- Non-Emergency Medical Transportation
  www.wvdhhr.org
- Your IPP must specify the number of miles per service
  - (ex. Up to 100 miles per month can be used for transporting you to and from your job location)

Transportation Trips

- 4 one way trips per day or 874/IPP year in an agency vehicle
- Your IPP must specify the number of trips per service
  - Ex: Up to 20 trips per month shall be used for transporting you to and from your job location

Service Delivery Models:

1. Traditional
2. Participant-Directed
    a. Agency with Choice
    b. *Personal Options*

Service Delivery Model

- You may choose to change service delivery models at any time
  - Your choice will be recorded on the I/DD-2 Freedom of Choice Form
- You may also change from any service delivery model to another
  - Ex. – Traditional/Personal Options → Traditional/AwC
  - or Traditional/Personal Options → Traditional

I/DD-2 Freedom of Choice

- **Traditional**: Traditional Services are provided through an agency (The Agency employs/manages your support staff)
- **Traditional and Agency with Choice**: The agency and you (or your representative) co-manage your support staff - The agency provides Financial Management Services (FMS)
- **Traditional and Personal Options**: You (or your representative) are responsible to manage your support staff - WV's contracted Fiscal/Employment Agent serves as the FMS
- **You are unable to choose at this time:** You will automatically default (remain in) to your current service delivery model

Traditional Service Delivery Model

- Your provider agency has the responsibility to secure, hire, discipline, manage, set work schedules and set wages for your staff
- Provider agency is responsible for making sure your staff have required credentials/ training
- The staff who support you are employees of the provider agency

Traditional Service Delivery Model

- The way services have been provided (with or through an approved I/DD Waiver Provider agency) is considered the “Traditional Service Delivery Model”
- All services (except Participant-directed Goods and Services) are available under this model

Participant-Directed Services

- Participant-Direction is a person-centered service delivery system where you have choice and control over the services you receive and the individuals who provide them
- You will have options to exercise employer authority and/or budget authority
  - Employer Authority: Control over the Participant-Directed Services and the individuals and organizations who provide them
  - Budget Authority: Control over how the participant-directed budget is spent

Participant-Directed Services

- Participant-Direction increases your choice and control but also increases your responsibility
- You may direct your own services with or without the assistance of a legal or non-legal representative

Participant-Directed Services

- You will have the opportunity to direct your services except if:
  - You live in an OHFLAC licensed residential setting
  - You and/or your representative do not follow policies/procedures pertaining to Participant-Directed Services
    - If this happens, you may be required to return to the traditional option for service delivery

Participant-Directed Services

- Only the following services may be Participant-Directed:
  - Transportation
  - Person Centered Support Services
  - Respite Care
  - Goods & Services (PDGS)
    - To access PDGS, you must also access at least one other type of PDS during the budget year – i.e. PCS, Respite, and/or Transportation

Participant-Directed Services

- There are two Financial Management Service (FMS) models available to support the use of Participant-Directed services:
  - Agency with Choice
  - *Personal Options*

Participant-Directed Services

- Agency with Choice (AwC)
  - The I/DD Waiver provider serves as the fiscal agent and is the employer of record
  - You and/or your legal representative along with the AwC provider have a co-employer relationship
- *Personal Options*
  - The Personal Options Vendor serves as the fiscal agent and you serve as the employer of record

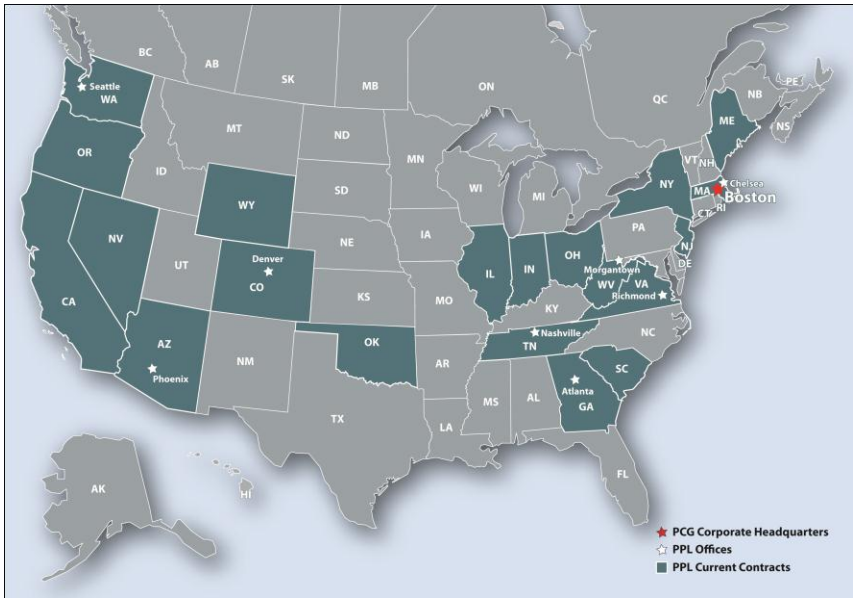
I/DD Waiver Traditional and Participant-Directed Service Delivery Model Crosswalk

WV I/DD Waiver
Personal Options

About Public Partnerships, LLC

- PPL is the largest provider of financial management services for self direction in the US
- PPL was founded in 1999 to focus exclusively on the financial and management operations of participant-directed services.
- PPL manages payroll services for 40,000 participant-directed employees.

PPL has contracts in 20 states & the District of Columbia serving about 36,000 individuals with a variety of needs



Public Partnerships in West Virginia

Since February, 2007 PPL has been contracted by the WV Bureau for Medical Services to provide Financial Management Services (FMS) and Resource Consultant services for the Aged and Disabled Waiver (ADW) program.

The ADW Personal Options program has grown from 15 participants in July, 2007 to 875 participants in July, 2011. (18% of active ADW members.)

Public Partnerships in West Virginia

- Resource Consulting
  - Information and Assistance
  - Employer & Employee Enrollment
  - Assisting in Spending Plan Development
  - Monitoring and Reporting
- Fiscal/Employer Agent Services
  - Accounting
  - Verification of Provider/Vendor Qualifications (CPR, CBC)
  - Payroll
  - Accounts Payable
  - Tax Services
  - Reporting
- Customer Service

WV IDD Waiver Personal Options Services

- Person-Centered Supports
- Respite
- Transportation
- Participant-Directed Goods and Services (PDGS)

Participant-Directed Goods and Services

Participant-Directed Goods and Services (PDGS) are services, equipment or supplies not otherwise provided through the Waiver program or through the Medicaid State Plan that address an identified need in the IPP.

Participant-Directed Goods and Services

- Limited to $1,000 per member's IPP year in combination with Traditional Environmental Accessibility Adaptations- Vehicle and Home and Participant-Directed Goods and Services-AwC
- To access PDGS the member must also access at least one other type of participant-directed service during the budget year—i.e. PCS, Respite and/or transportation
- PDGS cannot be accessed as a means of reimbursement for items or services that have already been obtained and not been pre-approved by the *Personal Options* F/EA

Benefits of Directing Your Own Services

- Budget Authority
  - You decide how to spend your participant-directed budget
  - No unit caps on Transportation, PCS or Respite
- Employer Authority
  - You hire and train your own workers
  - You determine your workers' schedules and work hours
  - You decide how much to pay your workers within a range of minimum wage to the Medicaid rate for the service (i.e. PCS and Respite = $7.25 - $9.88 per hour)

Personal Options

What have you heard about directing your own services?

Responsibilities

RUMOR	FACT
You won't be able to handle the responsibilities of directing your own services.	PPL will assign a Resource Consultant to assist you with your responsibilities. You may also appoint a representative to help you with your responsibilities.

Responsibilities

RUMOR	FACT
If you make a mistake directing your own services, you could lose your Waiver slot.	If you experience difficulties directing your own services, you will not lose your slot. PPL may recommend that you appoint a representative or transfer back to traditional services.

Access to Participant-Directed Services

RUMOR	FACT
You can only access participant-directed services if you're unable to obtain services through a traditional service provider.	Participant-directed services are available to all I/DD Waiver members except those that live in homes licensed by OHFLAC.

Access to Participant-Directed Services

RUMOR	FACT
You may not direct your own services if you are under 18 years of age or an adult with a legal representative.	Any I/DD member may self-direct except for those living in a licensed home. Some members may require the assistance of a representative.

Changing Service Models

RUMOR	FACT
If you change to a participant-directed service model you won't be allowed to return to the traditional service model.	You have the right to change your service model at any time and for any reason. Your Service Coordinator and PPL will assist you with the transition to prevent gaps in service.

Benefits

RUMOR	FACT
If you choose to direct your services you will lose your benefits—i.e. SSI.	The service model you choose does not impact your benefits. Your workers' wages may impact their benefits but the same is true for workers employed by traditional service providers.

Budgets

RUMOR	FACT
If you choose to direct your own services, your individualized budget amount will be decreased.	Your individualized budget amount is not affected by the service model you choose. Directing your own services does not alter your ability to negotiate the amount of your individualized budget.

Budgets

RUMOR	FACT
If you choose to direct your own services, you will receive cash for your participant-directed budget.	Personal Options participants do not receive cash. They exercise budget authority over an annual participant-directed budget.

Hiring Workers

RUMOR	FACT
If you choose to direct your own services, you will not be allowed to keep your existing workers.	You may hire your existing Residential Habilitation, Adult Companion and Respite workers if they choose to work for you and meet all qualifications.

Hiring Workers

RUMOR	FACT
If you choose to Personal Options, your workers will be employees of PPL.	Workers are employed by the program member. PPL acts as the “agent of the employer” for payroll and tax purposes.

Hiring Workers

RUMOR	FACT
If you choose to Personal Options, your legal guardian will no longer be allowed to be paid for providing services to you.	Legal guardians are <u>not</u> restricted from being paid workers. Only under certain circumstances and with safeguards may a participant's appointed representative also be a paid worker.

Hiring Workers

RUMOR	FACT
Your workers' hours and wages will be cut if they choose to work for you instead of working for a traditional provider agency.	Personal Options services are not subject to the caps on traditional services. You decide your workers' wages/hours. May work more than 40 hours but not eligible for overtime pay.

Taxes

RUMOR	FACT
If you direct your own services, your workers will have to pay more taxes.	Your workers' taxes will not increase unless you choose to pay a higher wage or increase their hours.

Traditional Supports

RUMOR	FACT
If you choose to direct your own services, you will lose the support of your Service Coordinator and/or Therapeutic Consultant.	Self-directing members may continue to access all traditional services including Service Coordination and Therapeutic Consultant.

Where do you start?

To begin directing your own services you must first complete a Freedom of Choice form which is available through your Service Coordinator, APS Healthcare or the Bureau for Medical Services (BMS).

Where do you start?

- Once you choose the Personal Options FMS Model, you will be referred to PPL and one of our staff will contact you to provide information, answer questions and inform you of the enrollment process.
- If during the enrollment period you change your mind about Personal Options, you only have to complete a new Freedom of Choice form indicating you wish to remain in the Traditional model.

Where do you start?

- Next, you must hold an IDT meeting
  - Annual Team Meeting
  - Critical Juncture Meeting
- At the meeting you will choose the types and amounts of traditional and participant-directed services that are necessary to meet your assessed needs.

Where do you start?

- Following the team meeting, your Service Coordinator will submit your requested services to APS Healthcare for review and authorization.
- Once your participant-directed budget has been authorized by APS Healthcare, you will meet with a PPL Resource Consultant to complete employer/employee enrollment and to develop your spending plan.

Employer & Employee Enrollment

- Your Resource Consultant will provide you with an Employer Packet and an Employee Packet which contain all the forms necessary for you to begin directing your services and hiring your workers.
- During your initial meeting, your Resource Consultant will provide training and assistance regarding the completion of Employer/Employee packets.

Spending Plan

- Your spending plan identifies the types and amounts of participant-directed services that you choose to meet your needs.
- The spending plan also identifies the wage you choose to pay each of your workers so that you can see exactly how your participant-directed budget will be used.

Paperwork

- Each of your workers will be required to submit to PPL a timesheet and transportation invoice for the services provided to you during each pay period.
- If you receive Therapeutic Consultant or Behavior Support Professional services, your workers may also be required to document training activities.

Ongoing Support

- Your PPL Resource Consultant will contact you each month to ensure your spending plan continues to meet you needs
- A *"Family Friendly Report"* will be made available to you each month so you can see how your budget is being spent
- PPL's web portal allows you to access your information at all times
- Electronic time sheets and transportation invoices prevent errors and delays in workers' paychecks

Satisfaction

- PPL strives to ensure participants are very satisfied with their financial management and Resource Consultant services.
- Participant satisfaction is measured and monitored by BMS on a regular basis.
- PPL offers a toll-free Customer Service number for participants and their workers.
- A formal grievance procedure is available for participants that want to file a complaint regarding PPL’s services.

For More Information

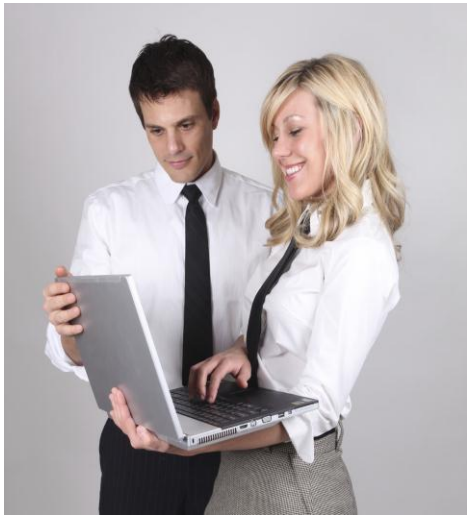
If you have questions or wish to request additional information, please contact PPL:

- Public Partnerships, LLC, 601 East Brockway Avenue, Morgantown, WV 26501
- Email: pplwvidd@pcgus.com
- Phone: 1-877-908-1757

Transition Plan

Transition Plan

- You will have the option to stay with the services currently on your IPP until your next Annual IPP
  - Everyone will be phased-out of “old” services by September 30, 2012



Transition Plan

- If you access new services, you are subject to the new policy manual and all applicable rules
- At no time should your IPP reflect “old” AND “new” services

Transition Plan

- A face-to-face team meeting (Critical Juncture) must be held for the following reasons:
  - If all team members do not agree on services you need
  - If you receive a brand new service
    - Ex: If you never had Supported Employment services before but need them now
  - If you require a greater amount of services than is on the plan (increase in number of units)

Transition Plan

- A face-to-face team meeting (Critical Juncture) must be held for the following reasons:
  - If you are going to have a new goal implemented
  - If you choose to go with a Participant-Directed option (AwC or *Personal Options*)
- Effective October 1, 2011 you may not receive more of the “old” services – any new service need must be met by “new” services

Transition Plan

- In summary, you may continue services on your current plan through the remainder of your IPP year unless your needs change or a Critical Juncture needs to occur
- If you have new needs before your IPP year ends but after 10/01/2011, you must access “new” services

WV I/DD Waiver Forms

WV I/DD Waiver Forms

- **WV-BMS-I/DD-1 Application-** to apply for I/DD Waiver
- **WV-BMS-I/DD-2 Freedom of Choice** (Replaces the DD-7/7A)
  - Choice of I/DD Waiver or ICF/MR
  - Choice of I/DD Waiver Service Coordination Provider
  - Choice of Service Delivery Model
- **WV-BMS-I/DD-3 Monthly/Bi-Monthly SC Visit –** for your Service Coordinator to make sure you are healthy, safe and that your needs are met at home and day program (if applicable)

WV I/DD Waiver Forms

- **WV-BMS-I/DD-4 Initial IPP** – An initial plan when you start with a new provider to determine what service you will need, long term
- **WV-BMS-I/DD-5 IPP** – Your service plan – should outline all I/DD Waiver Services, non-Waiver services, natural supports, your assessed needs and how they will be addressed, your medications, training plans, behavior plan, crisis plan, and participant-directed spending plan (if applicable)

WV I/DD Waiver Forms

- **WV-BMS-I/DD-6 Certificate of Training** (formerly DD13) – certifies what programs and training staff who work with you have received

- **WV-BMS-I/DD-7 Direct Support Documentation for Traditional and AwC** – documentation staff who work with you use to keep track of how well you are doing, any new needs, hours they worked, services they provided, where you went

WV I/DD Waiver Forms

- **WV-BMS-I/DD-8 Request for Environmental Accessibility Adaptations (EAA) and Goods & Services (G&S) –** used to request EAA or G&S
- **WV-BMS-I/DD-9 Request for Nursing Services –** used to request nursing services, if you need them
- **WV-BMS-I/DD-10 Transfer/Discharge** – used to notify the ASO if you transfer SC agency or are discharged from the I/DD Waiver program

WV I/DD Waiver Forms

- **WV-BMS-I/DD-11 Notification of Member Death** – used to notify the ASO if a program member passes away
- **WV-BMS-I/DD-12 Request to Continue Services** – used to request:
  - An eligibility extension
  - An exception to conducting the monthly SC home visit or day visit
  - IPP exceptions (outside of timelines, member or legal representative unavailable)

WV I/DD Waiver Forms

- **WV-BMS-I/DD-13 Annual Functional Assessment Data Modification Request**
  - Formal request that the ASO modify information collected during your annual functional assessment
  - May only be completed by you or your legal representative

WV I/DD Waiver Contacts

WV I/DD Waiver Contacts

SERVICE	COMPANY	PHONE NUMBER	FAX NUMBER
I/DD Program Manager	**Bureau for Medical Services**	**304-356-4904**	**304-558-4398**
Administrative Services Organization (ASO)	**APS Healthcare, Inc.**	**866-385-8920**	**866-521-6882**
Claims Processing	**Molina Medicaid Solutions**	**888-483-0793 (for Providers) 304-348-3380 (for Members) 877-902-1206 (Help desk)**	**304-348-3380**
Medical Eligibility Contracted Agent (MECA)	**Psychological Consultation & Assessment (PC&A)**	**304-776-7230**	**304-776-7247**
Fiscal Employer Agent (F/EA) ***Personal Options***	**Public Partnerships, LLC (PPL)**	**877-908-1757**	**304-296-1932**

Wrap Up

- Questions?
- Please complete satisfaction survey before leaving
- Thank you and have a safe trip home!
- The Chapter 513 I/DD Waiver Services Manual can be found at:

  http://www.dhhr.wv.gov/bms/Pages/default.aspx
- WV I/DD Waiver Website

  http://www.dhhr.wv.gov/bms/hcbs/IDD/Pages/default.aspx