



I/DD Waiver COVID-19 Clarifications (QAs)
(Policy Effective 3/19/20—1/7/21)

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AMAP & Nursing Services

Q13: How should the AMAP requirement for periodic monitoring by the supervising RN be handled if it cannot be conducted in a face-to-face manner?

A13: [3/19/20] Per a memorandum dated 2/10/19 providing policy clarification for the AMAP program, item #10: Video conferencing technology can be used to monitor AMAP staff who are administering medications and performing health maintenance tasks when it allows for real-time observation and communication between the AMAP-RN and the AMAP staff. This memorandum has been included for your reference.

Q15: Can skilled nursing assessments and BSP services be provided by telehealth?

A15: [3/19/20] Yes; as indicated in the memorandum provided on 3/13/20, these services, if provided, must be done so via telephone or other secure electronic means as appropriate and needed. Services provided via one of these methods can be billed. Service notes should indicate that the service was provided electronically due to the restriction on face-to-face interaction.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q17: If AMAP staff are not available to administer medications and perform health maintenance tasks, can LPNs do so? If so, would the PCS staff stop billing during the medication administration?

A17: [3/19/20] Yes, LPNs may bill for medication administration and performance of health maintenance tasks during this time. The PCS staff will not stop billing; PCS and LPN may be billed concurrently for this purpose.

UPDATE 7/16/20: The use of LPNs for routine medication administration and health maintenance tasks is limited to circumstances involving COVID-19 that would temporarily prohibit the DCS from performing the function. Each event is limited to a maximum of 2 units.

UPDATE 8/6/20: This concession is available through 12/31/20.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q18: Can tasks that require face-to-face interaction, such as wound care, still be done?

A18: [3/19/20] Absolutely. Staff who continue to work in a face-to-face manner with members should observe recommendations put forth by the CDC and World Health Organization as much as possible while ensuring that members continue to receive quality care.

Q41: If LPNs are required due to a shortage of AMAP staff, is a DD9 required?

A41: [3/26/20] Yes, the DD9 will need to indicate the reason for the request for authorization.

Q42: If LPNs are required due to a shortage of AMAP staff, can budgets be exceeded?

A42: [3/26/20] Each request will be reviewed to determine necessity, taking into consideration information on the DD9, including indications that LPN services are needed due to a shortage of AMAP staff. On occasion, it may be necessary to exceed the budget in order to facilitate this. If this is the case, the overage will be approved.

Q57: If the agency is not going to exceed the amount of already authorized LPN units but will use some of those units for medication administration, is an updated DD9 required?

A57: [4/2/20] Yes, a new DD9 will be required in order to identify that LPN will be used to administer medications due to shortage of AMAP staff.

Q63: What services can an RN perform remotely?

A63: [4/2/20] RNs can perform any allowable services remotely, at their discretion, taking into consideration best practices and medical needs of the member.

Q74: Can LPNs bill to assist members in telehealth appointments? Many members do not have access to smart phones, computers, or internet services at their residences and some direct care staff are unable to assist.

A74: [4/2/20] Yes, this is permissible for those who live in ISS/GH through June 30, 2020.

UPDATE 7/16/2020: Effective 7/1/20, while these services may be provided in-person, it is encouraged that they be provided via secure electronic means or telephone when circumstances allow.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q76: Can LPNs be used for medication administration and health maintenance tasks by agencies who were not previously using AMAPs?

A76: [4/2/20] Yes, this is permissible for those who live in ISS/GH through June 30, 2020.

UPDATE 7/16/2020: The use of LPNs for routine medication administration and health maintenance tasks is limited to circumstances involving COVID-19 that would temporarily prohibit the DCS from performing the function. Each event is limited to a maximum of 2 units.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q103: Can RN or LPN services be billed to routinely check members for symptoms of CoVID-19?

A103: [4/23/20] All members should be routinely observed by direct staff as they normally would. For members, with or without underlying risk factors for CoVID-19 complications, the RN may consider implementing temperature checks or other observation tools for staff to use. Staff, as always, should immediately report any noted signs of illness to the RN for further assessment in determining how to proceed, including, but not limited to: contacting the member's physician or sending him/her to the emergency room for further evaluation.

Members with underlying conditions that present higher risk factors for CoVID-19 complications may require additional monitoring. If this occurs, agencies must ensure that all required documentation to support that higher level of service is in place.

At any time, if a member appears to be in distress, staff should contact 911 for assistance as per their training provided by the agency.

CareConnection®

Q49: When can addendums and modifications be submitted to KEPRO for services being modified as a result of day program closure? They are currently being rejected for "final directive from BMS."

A49: [3/26/20] Clarification has been received regarding retainer payments so providers may submit requests effective 3/26/20.

Q57: If the agency is not going to exceed the amount of already authorized LPN units but will use some of those units for medication administration, is an updated DD9 required?

A57: [4/2/20] Yes, a new DD9 will be required in order to identify that LPN will be used to administer medications due to shortage of AMAP staff.

Q59: If a member tests positive for COVID-19, can the budget be exceeded to ensure his/her needs are met?

A59: [4/2/20] It may be necessary to exceed an individual budget under these circumstances, particularly for those who live in ISS/GH. When requesting additional units or reconfiguring ratios, the IPP should clearly identify that the reason for the request to exceed budget is due to the positive COVID-19 test and agency response to that.

Q66: Can new day services be added for members during the time that day programs are closed?

A66: [4/2/20] If day services had not been authorized for a member prior to the 3/23/20 date that day programs were closed, authorization for those services should not be requested. In the event that an IDT had agreed to these services but they had not yet started, an addendum can be completed to add these services once regular business operations resume.

Members that have upcoming annual meetings and are currently authorized for day services may request authorization for day services in their new budget year. This will allow the day program to continue to receive retainer payments until COVID 19 precautions are lifted.

Q71: If a new service year starts, does the member have to purchase day services at the annual meeting or should they wait until a later date? If they wait until a later date will they lose their day program enrollment?

A71: [4/2/20] If a member received day services prior to closure of day programs and wishes for those to continue once normal business operations resume, that same number of units can be requested and authorized for the new service year. This will allow the agency to receive retainer payments for the new service year. Members will not lose their enrollment in day programs.

Q78: Should transfers from one agency to another be postponed until normal business operations resume?

A78: [4/9/20] Members do not have to wait to transfer their services, if they wish. The normal procedures would be followed, except that any meetings must be held in a non-face-to-face manner. As always, when transfers occur, the two agencies must ensure they are communicating with one another regarding utilization, scheduled appointments, etc.

If the transfer involves physical relocation, teams must consider member health/safety with respect to COVID-19 as part of the plan.

Q82: How should teams proceed with getting authorizations for Supported Employment for members whose places of employment are closed currently? The letter to verify rate of pay and employment cannot be obtained.

A82: [4/9/20] The Case Manager should attempt to obtain the letter as required--while many businesses are not open, some are operating with a small crew. In the event that the letter cannot be obtained, a service note showing that the agency made an attempt will suffice to get an authorization.

Q84: If agencies have already modified services based on previous directions to capture Retainer payments, are those required to be updated? If so, what is the procedure? Is an addendum required?

A84: [4/9/20] Agencies who've already made modifications may need to correct those to reflect procedures communicated on 4/9/20. To do so, an addendum should be completed and the units should be modified in CareConnection®.

Q93: KEPRO is now required to respond to requests for authorization within 5 business days rather than 2. Does this mean that Documentation Requests will be further delayed?

A93: [4/9/20] KEPRO is working to respond to all requests as quickly as possible.

Q99: Should teams wait to request additional units of PCS for members who will be using that service instead of attending the day program?

A99: [4/16/20] Teams should not wait. Additional units of PCS should be requested to allow for services through 6/30/2020, which is the date through which precautionary measures will remain in place. If that time-period is extended, providers will be notified and at that time should request additional PCS units accordingly.

UPDATE 7/16/20: This is allowable through December 31, 2020.

UPDATE 8/20/20: This does not apply to FPCS.

Q104: When a member requires modifications related to CoVID-19 and also requires modifications due to utilization, how should those be submitted?

A104: [4/23/20] Please ensure the documentation states the modifications are not related to COVID-19 and are due to utilization. For example, if the member utilized more URPCS than planned prior to COVID due to missing FBDH for appointments, illness, etc., it is requested those modifications be submitted and approved prior to requesting COVID modifications. Then, if the member requires more URPCS due to missing FBDH during

COVID, that modification may be made separately in CareConnection(C). It is recommended that all COVID-19 specific requests be submitted by themselves with no other modifications, such as professional services, in order to ensure all requests are being reviewed appropriately.

Note that modifications related to utilization of units and ratios within the person's budget are permitted, as was allowed prior to CoVID-19 precautions.

Q105: Is pro-rating required for day services even though FBDH does not occur 365 days per year?

A105: [4/23/20] Yes; this service is pro-rated based on the number of days in a year.

Q107: For members who require additional units of HBPCS and respite, as described in Q/A #6, what dates should be used to identify the appropriate number of units to request?

A107: [5/7/20] West Virginia schools were closed effective 3/16/20 so additional units of HBPCS and respite can be requested under the circumstances described in Q/A #6 from that date through 6/30/20.

UPDATE 7/16/20: This is allowable through December 31, 2020.

UPDATE 11/5/20: This concession is now available through 3/31/21, however receiving paid IDDW supports while participating in electronic learning is currently under review with CMS. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q112: Do teams still need to purchase day services at the same rate and type as the current treatment year if all retainer payments have been exhausted?

A112: [7/30/20] If all retainer payments have been exhausted and the day program has reopened, but the member does not choose to attend at this time, day services should not be purchased. If the member decides at a later date to resume attendance, a Critical Juncture meeting can be conducted and day services added at that time. If there is an existing authorization for day services but retainer payments have been exhausted and the member chooses not to return to day services at this time, the member may choose to modify down to utilization in order to access other needed services, but this is not required.

Q113: For members not returning to day services, can day services be decreased to increase other direct support services within budget if retainer payments have been exhausted.

A113: [7/30/20] Yes.

Q118: For members returning to FBDH programs, we may need to modify authorizations for ratio codes in order to meet social distance guidelines. Is this allowed? If not, can the IDT pursue an exception?

A118: [8/6/20] Yes, this is acceptable. It should not be necessary to pursue an exception unless you are increasing the overall number of units in the existing authorization.

Q124: How should signatures be gathered now that physical or acceptable electronic signatures are required as of July 1, 2020? Will the lack of signatures delay purchase and/or modification requests?

A124: [8/6/20] Since this announcement was made on 7/30/20, providers will be allowed to note that verbal consent was obtained for any IPP held in July 2020 rather than obtaining physical signatures. For all IPPs held 8/1/20 forward, providers will have 30 days to obtain physical or acceptable electronic signatures. Purchase requests will not be delayed due to a lack of signatures, however providers are still required to upload IPPs with verbal consent obtained within the usual 14 day timeframe.

UPDATE 10/1/2020: Providers are reminded that if a signature cannot be obtained at the time of the meeting, a signature page is still required for any submission that includes the names of all attendees, their method of attendance, and an indication of agreement/disagreement. Physical or acceptable electronic signatures (for any IPP held 8/1/2020 or later) are required within 30 days, but not required for authorization of services.

UPDATE 10/15/2020: The term "addendum" has been removed from the 10/1/2020 update and providers are reminded that policy clarification regarding signatures for addendums can be found in FAQ 176.

Q128: Do retainer payments have to be exhausted by the agency or can an agency opt to stop submitting retainer payments and instead opt to do modifications to decrease FBDH in order to increase other services?

A128: [9/3/20] While retainer payments are available they are not required to be utilized or exhausted in order to increase other services. If any retainer payments have been utilized, then the agency will be required to identify the number of retainer payments claim payments when making modification requests to other services in CareConnection© via an addendum.

UPDATE 9/17/20: Further clarification from CMS revealed that each member has a total of 90 retainer payments available, rather than 90 payments per agency, that will need to be coordinated in the event that a member attends more than one FBDH programs.

UPDATE 11/5/20: Retainer payments are no longer available as of 11/1/2020.

Q129: Are the concessions for additional HBPCS and Respite that are currently available through 12.31.2020 apply to members whose day program(s) have not opened yet or for those members who choose to not return to day services?

A129: [9/3/20] Although some day programs have reopened, they may not be able to accommodate their usual rate of attendance due to social distancing guidelines. Under these circumstances, a member may attend the day program only 3 days each week instead of 5 days attended prior to the pandemic. Additional services may be requested to cover the two days that the member is not attending the day program. Similarly, members that choose not to return to the day program due to concerns of COVID-19 may continue to receive these additional services.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Day Services

Q1: Are day services allowed to be provided at FBDH sites?

A1: [3/19/20] No. On 3/13/20, Governor Justice announced that all West Virginia schools are closed until further notice in an effort to minimize infection, and the I/DD Waiver program has elected to extend this closure to day-hab facilities. Day programs that have not already elected to close will be required to do so by Monday, 3/23/2020. Retainer payments may be claimed for members with active day service authorizations (Facility-Based Day Habilitation, Job Development, Pre-Vocational Training, Supported Employment) during the time a day program is closed or a member is unable to work due to COVID-19 containment efforts.

UPDATE 11/5/20: FBDH sites are allowed to re-open and provide face-to-face services as early as 8/3/2020. It is necessary for all steps outlined in the Re-Opening Plan (also addressed in Q/A #126) to be completed prior to re-opening each FBDH site. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q3: The 3/13/20 memorandum states that members who are authorized for day program services will be eligible for additional HBPCS and/or respite services. Will the day hab units be able to be returned unit-for-unit or how will those modifications work?

A3: [3/19/20] If a member requires additional respite or PCS units due to closure of day facilities, the Service Coordinator may request or modify PCS or respite units based on member need.

Q7: Can Home-Based PCS services and respite services that will be used in place of day hab be started immediately, without an addendum?

Q7: [3/19/20] Yes. In order to expedite provision of these services, they can begin immediately, without an addendum. Authorizations will be provided when the addendum is uploaded to CareConnection® and the services are requested, but provision should begin right away and is not dependent on the date that the team agreed to services.

UPDATE 8/20/20: This concession is available through 12/31/20 for members who have not exhausted their retainer payments. As of 7/1/20, if retainer payments have been exhausted, FBDH units may be reduced in order to continue providing HBPCS and/or respite services to members who cannot or choose not to return to day services. When completing these modification requests in CareConnection®, SCs must clearly document that retainer payments have been exhausted, or if they have not, how many days of retainer payments remain so RCs may be able to accurately review the request.

UPDATE 11/5/20: This concession is now available through 3/31/21. Retainer payments are no longer available as of 11/1/2020. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q26: Will Sheltered Workshops be mandated to close?

A26: [3/19/20] The IDWW program does not have authority to close Sheltered Workshops; however, in keeping with precautions set forth by the CDC and WHO, members should not attend in order to maintain their safety.

Q27: Can Supported Employment services still be provided?

A27: [3/19/20] If members are still working, Supported Employment may be provided. Providers should be sure that members make an informed decision whether or not to continue employment based on their current health conditions and other considerations.

Q39: Can day programs offer respite in the facility at this time?

A39: [3/26/20] Under the current circumstances, risk of infection is high in larger groups, according to the CDC. For this reason, day facilities are currently closed so this is not permitted.

UPDATE 9/17/20: Agencies that have not taken the necessary steps to re-open their FBDH program(s) cannot provide any service(s) at the site of the FBDH program.

Q45: If a direct care worker is not comfortable working with someone who is infected, how is this to be handled?

A45: [3/26/20] Staff who express concern should be provided individual education and all precautions recommended by the CDC and WHO should be followed. Anyone who works with someone who tests positive for COVID-19 must be provided with Personal Protective Equipment (PPE). Ultimately, if a staff person is unable to work with someone due to concerns of infection, that is his/her choice. The agency may elect to staff the person who is infected with someone who is able to perform the duties and move the person who is unable to work with another member.

Q65: When regular day habilitation services resume, are agencies required to offer attendance to those who previously attended before enrolling new members?

A65: [4/2/20] Yes. Day habilitation programs should ensure that the opportunity to attend is extended to those who were previously enrolled.

Q66: Can new day services be added for members during the time that day programs are closed?

A66: [4/2/20] If day services had not been authorized for a member prior to the 3/23/20 date that day programs were closed, authorization for those services should not be requested. In the event that an IDT had agreed to these services but they had not yet started, an addendum can be completed to add these services once regular business operations resume.

Members that have upcoming annual meetings and are currently authorized for day services may request authorization for day services in their new budget year. This will allow the day program to continue to receive retainer payments until COVID 19 precautions are lifted.

Q71: If a new service year starts, does the member have to purchase day services at the annual meeting or should they wait until a later date? If they wait until a later date will they lose their day program enrollment?

A71: [4/2/20] If a member received day services prior to closure of day programs and wishes for those to continue once normal business operations resume, that same number of units can be requested and authorized for the new service year. This will allow the agency to receive retainer payments for the new service year. Members will not lose their enrollment in day programs.

Q73: Should day services billed as Retainer payments be separated on the DD7?

A73: [4/2/20] This won't be necessary, unless Retainer payments are being billed for Supported Employment that continues after the closure date of 3/23/20.

Q79: Can BSPs for day services continue to provide services to members?

A79: [4/9/20] Yes, there are some tasks that BSPs for day programs can complete and bill for while day facilities are closed. They include attending Annual Functional Assessments if needed, attending IDT meetings, completing monthly summaries for data collected in January, February, and/or March and developing recommendations based on the findings of those summaries. In addition, BSPs may be needed to update or provide assistance with various aspects of Positive Behavior Support plans and other interventions.

Q82: How should teams proceed with getting authorizations for Supported Employment for members whose places of employment are closed currently? The letter to verify rate of pay and employment cannot be obtained.

A82: [4/9/20] The Case Manager should attempt to obtain the letter as required--while many businesses are not open, some are operating with a small crew. In the event that the letter cannot be obtained, a service note showing that the agency made an attempt will suffice to get an authorization.

Q89: How are agencies to bill with respect to different ratios? Should the units identified in the tentative schedule and ISP be used? Ratios can vary by day depending upon member attendance.

A89: [4/9/20] Agencies will bill units that are currently authorized. Since authorizations are for an entire year and billing occurs more frequently, agencies can average the number of approved units with the billing frequency. For example, if a member has 120 units of FBDH 1:1-2 authorized for the year and that agency bills monthly, 10 units of that service code would be billed each month during the period that Retainer payments are being utilized.

Q90: Should agencies void/adjust for any Day services billing that has already been submitted?

A90: [4/9/20] BMS mandated the closure of day facilities on 3/23/2020. Facilities that opted to close or had reduced attendance due to COVID 19 prior to 3/23 may claim retainer payments back to 3/13. If a facility has already submitted claims for retainer payments and billed the regular service rates, it will be necessary to adjust those claims

using the retainer payment rates that were included in the retainer payment memo that was distributed by Kepro on 4/8/2020.

Q97: What are the procedures for how day visits will be conducted once they re-open?

A97: [4/16/20] Providers will be notified in advance of day programs opening. Procedures for doing so, including expectations for conducting visits and IDT meetings will be provided.

UPDATE 11/5/20: It is strongly encouraged that providers complete these visits via secure, electronic means at this time in order to minimize the risk of infection. If face to face visits occur it is of the utmost importance to follow all safety precautions outlined by the CDC and the WV Bureau for Public Health (WV BPH). This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q105: Is pro-rating required for day services even though FBDH does not occur 365 days per year?

A105: [4/23/20] Yes; this service is pro-rated based on the number of days in a year.

Q117: Governor Justice's most recent order states that there is a limit of no more than 25 people in a setting. Does this apply specifically to FBDH sites?

A117: [8/6/20] Yes, it does apply. If an agency has questions regarding implementation please contact Randy Hill (Randall.K.Hill@wv.gov).

Q119: Do agencies that operate a Supported Employment site need to complete the Readiness Assessment and other associated documentation?

A119: [8/6/20] No. This only applies to FBDH sites; however if members use this site to transition into their place of employment then these requirements would apply.

Q120: Who is responsible to complete the Daily Screening form? Are there any considerations for non-verbal members or those that cannot answer the screening questions?

A120: [8/6/20] Any natural support or DCS can assist in the completion of this tool. If the member cannot answer the screening questions then it will be the responsibility of the natural family or the DCS that are familiar with the member to assist in completion of the screening tool.

Q122: Can day services be conducted in locations that are not included in the site of service definition, such as a group home?

A122: [8/6/20] Yes. Under the current/approved Appendix K, day services may be provided in the member's home and/or the local, public community. If day services are provided in a member's home, family members and/or residential staff are not allowed to bill these services concurrently.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities. Whether or not concurrent billing can occur under this circumstance is currently under review with CMS. Additional information will be provided when received.

Q126: What actions and documentation are necessary to complete prior to a member returning to face-to-face FBDH services?

A126: [8/20/20] Prior to re-opening and providing face-to-face services, it will be necessary for each FBDH site to have their agency leadership complete the IDCW Day Program Reopening Readiness Assessment and send the completed assessment to Randy Hill (Randall.K.Hill@wv.gov) for approval.

Each member that plans to return to face-to-face FBDH services will need to have their SC complete the Risk/Benefit Discussion Guide. The SC should consult with the member's IDT for successful completion and, while only one assessment is to be completed per member, it is recommended that it is completed as a collaborative effort. Additionally, an addendum will need to be completed with the member's IDT that includes results of the completed Risk/Benefit Discussion Guide and the number of units necessary to provide services based upon the agency's identified re-opening date (no earlier than 8/3/2020). The SC is ultimately responsible to complete the Risk/Benefit Discussion Guide, as well as the Addendum and upload both documents to CareConnection@ under the file name, "DD-5". Finally, a Daily Screening Tool for all members and staff is to be put into place and used daily. SCs are required to maintain communication with day programs to determine their plans for re-opening and effectively communicate available options.

Q133: How can the IDT determine an appropriate number of units to request if a member is not attending day services and would like to access additional HBPCS and/or Respite services in lieu of day services?

A133: [1/7/21] If additional HBPCS and/or Respite services are being requested by the IDT in lieu of day services, the IDT can request up to the same number of units of HBPCS and/or Respite based on those previously approved for day services.

Direct Care Services

Q6: Will it be possible to exceed service limits for PCSF, since children are not currently attending school?

A6: [3/19/20] Units of PCS Family will not be increased due to school closures; however, BMS recognizes that parents/primary caregivers who work outside the home may require additional childcare. Additional respite and/or Home-Based PCS services may be approved under that circumstance. Because of the combined service limit for PCS Family and Home-Based PCS, this accommodation may require that service limits be exceeded and will be reviewed on a case-by-case basis.

In order to be considered for this accommodation, the addendum must identify that the parent who is the primary caregiver continues to work outside the home and there are no other natural supports available to provide support to the member.

UPDATE 4/2/20: This also applies to PCSF-Personal Options.

UPDATE 8/6/20: This concession is available through 12/31/20. If retainer payments have been exhausted the agency should reduce the FBDH authorization(s) down to utilization.

UPDATE 8/20/20: The concession for additional HBPCS and Respite is available through 12/31/20.

UPDATE 11/5/20: The concession for additional HBPCS and Respite is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q7: Can Home-Based PCS services and respite services that will be used in place of day hab be started immediately, without an addendum?

Q7: [3/19/20] Yes. In order to expedite provision of these services, they can begin immediately, without an addendum. Authorizations will be provided when the addendum is uploaded to CareConnection® and the services are requested, but provision should begin right away and is not dependent on the date that the team agreed to services.

UPDATE 8/20/20: This concession is available through 12/31/20 for members who have not exhausted their retainer payments. As of 7/1/20, if retainer payments have been exhausted, FBDH units may be reduced in order to continue providing HBPCS and/or respite services to members who cannot or choose not to return to day services. When completing these modification requests in CareConnection®, SCs must clearly document

that retainer payments have been exhausted, or if they have not, how many days of retainer payments remain so RCs may be able to accurately review the request.

UPDATE 11/5/20: This concession is now available through 3/31/21. Retainer payments are no longer available as of 11/1/2020. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q8: For members whose only direct care service is FBDH, if they choose not to receive this service, will a DD12 be required to put their services on hold?

A8: [3/19/20] Yes, a DD12 should be done under this circumstance. Please note that while the state is dealing with COVID-19, members will not lose their slots on the IDD waiver because they are not receiving services each month.

UPDATE 4/2/20: A DD12 will not be required under this circumstance. For DD12s that have already been submitted for this reason, please contact Josh Ruppert at jruppert@kepro.com to address these individually. Additionally, members who elect to not receive any direct care services do not require a DD12 and will not be placed on hold. Leaving them in active status will allow the agencies to continue to bill for conducting the monthly phone contact that is so important during this time to ensure health and safety.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q9: If a respite or Home-Based PCS staff person cannot work as agreed to by the IDT, can the natural family bill PCSF?

A9: [3/19/20] Additional units of PCSF will not be available to accommodate for respite or HBPCS that cannot be provided. As currently allowed, however, if the IDT wishes to increase PCSF units and reduce the number of HBPCS and/or respite units, this is permissible as long as service limits and budget (or dollar amount approved via exceptions process if applicable) are not exceeded. The service limit for combined Direct Care services for those who previously accessed day services only is temporarily increased to 17,520 to accommodate this.

UPDATE 4/23/20: There was a typo in the last sentence; instead of "PCS" it should read "Direct Care Services". This has been corrected.

Q17: If AMAP staff are not available to administer medications and perform health maintenance tasks, can LPNs do so? If so, would the PCS staff stop billing during the medication administration?

A17: [3/19/20] Yes, LPNs may bill for medication administration and performance of health maintenance tasks during this time. The PCS staff will not stop billing; PCS and LPN may be billed concurrently for this purpose.

UPDATE 7/16/20: The use of LPNs for routine medication administration and health maintenance tasks is limited to circumstances involving COVID-19 that would temporarily prohibit the DCS from performing the function. Each event is limited to a maximum of 2 units.

UPDATE 8/6/20: This concession is available through 12/31/20.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q18: Can tasks that require face-to-face interaction, such as wound care, still be done?

A18: [3/19/20] Absolutely. Staff who continue to work in a face-to-face manner with members should observe recommendations put forth by the CDC and World Health Organization as much as possible while ensuring that members continue to receive quality care.

Q19: Will BMS relax the requirement for transportation: miles to be billed only with the member present in the vehicle so that essential errands such as groceries and medications can be completed?

A19: [3/19/20] Yes. Staff may perform essential errands on the member's behalf without being accompanied by the member. The staff person may bill the regular service code for their time as well as transportation: miles.

4/2/20 UPDATE: In an effort to reduce risk of infection, providers are encouraged to combine errands for members when at all possible. Bill the appropriate code for the number of members on whose behalf errands are being completed. For example, if the staff is completing errands for three people, the 1:3 code should be billed.

5/7/20 UPDATE: This only applies to NF/SFCP settings when they are running errands on behalf of the member, but not to run errands for the entire family.

UPDATE 8/6/20: This concession is available through 12/31/20.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q21: If a member in an ISS tests positive for COVID-19, what are the procedures for quarantining him/her while ensuring continuity of services?

A21: [3/19/20] Agencies should consult their internal policies and procedures to determine how to most appropriately handle when staff and/or members are ill, ensure that safety precautions are followed, and refer to www.cdc.gov for additional information regarding precautions specific to COVID-19.

Q25: Can the requirement for Out-of-Home Respite to be provided only in Specialized Family Care Homes be relaxed?

A25: [3/19/20] Yes, however the IDT must be informed in advance and approve of the provider and location.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q35: What is the procedure for members whose slots are on hold/extension? Will DD12s need to be submitted?

A35: [3/26/20] Please continue to submit DD12s if a member's slot requires continued hold. IDTs should make every effort to assist members in returning to the home if they are ready, while following precautions to limit infection.

Q39: Can day programs offer respite in the facility at this time?

A39: [3/26/20] Under the current circumstances, risk of infection is high in larger groups, according to the CDC. For this reason, day facilities are currently closed so this is not permitted.

UPDATE 9/17/20: Agencies that have not taken the necessary steps to re-open their FBDH program(s) cannot provide any service(s) at the site of the FBDH program.

Q43: If a member does not already have respite in their approved service array, is an addendum sufficient to add it or is a Critical Juncture IDT meeting needed?

A43: [3/26/20] To add respite due to a closure of day service or school, an addendum is sufficient. A Critical Juncture meeting is required to add it for any other purpose.

UPDATE 4/9/2020: This applies to HBPCS or other services added for this reason, as well.

Q45: If a direct care worker is not comfortable working with someone who is infected, how is this to be handled?

A45: [3/26/20] Staff who express concern should be provided individual education and all precautions recommended by the CDC and WHO should be followed. Anyone who works with someone who tests positive for COVID-19 must be provided with Personal Protective Equipment (PPE). Ultimately, if a staff person is unable to work with someone due to concerns of infection, that is his/her choice. The agency may elect to staff the person who is infected with someone who is able to perform the duties and move the person who is unable to work with another member.

Q52: Is a Person-Centered Support-Home Based worker considered an essential employee if there are natural supports available in the member's home?

A52: [3/26/20] All PCS workers are designated as essential but the need to report for work in a natural family setting must be determined on a case-by-case basis. To decrease the risk of exposure to COVID 19, some members/families have requested workers to temporarily not come to the home to provide services. However, some members still require services that available natural supports are unable to provide. Note: If a worker has symptoms of COVID-19 or has recently been exposed to someone with COVID-19, they should not risk infecting the member or others in the member's home. The worker must notify their agency so that other arrangements can be made to meet the member's needs.

Q54: Can a person in a PPL 24 hour site increase the PCS supports during the closure of Day Hab sites?

A54: [4/2/20] Yes.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q56: If agencies are short-staffed, can ISS homes be combined and other ratios, even 1:4 or 1:5, be provided if necessary? How would this be billed?

A56: [4/2/20] BMS will research this possibility. If this becomes a necessity due to the COVID-19 response, it's possible that additional codes can be made available.

Q59: If a member tests positive for COVID-19, can the budget be exceeded to ensure his/her needs are met?

A59: [4/2/20] It may be necessary to exceed an individual budget under these circumstances, particularly for those who live in ISS/GH. When requesting additional units or reconfiguring ratios, the IPP should clearly identify that the reason for the request to exceed budget is due to the positive COVID-19 test and agency response to that.

Q70: During the COVID-19 response, can members who live in natural family or SFCP settings receive PCS and/or respite services during hospitalization?

A70: [4/2/20] While policy typically does not allow for this circumstance, during the national emergency, this will be permissible for members who are hospitalized with COVID-19 and the hospital allows the members to have visitors. The member's IPP must indicate that it's necessary for the member to receive supports in the hospital due to the illness.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q87: Some families have chosen to not have staff in their homes for safety reasons, so billing is not occurring for Respite and Home-Based PCS. Will the decreased utilization affect their budgets?

A87: [4/9/20] No. Members' budgets will not be affected by decreased service utilization during the COVID-19 response.

Q91: If agencies have transferred Day Program staff to residential sites, do those agencies bill the residential (PCS) codes or Retainer payments?

A91: [4/9/20] In this circumstance, the agency is eligible to bill for both the Residential PCS codes that were actually provided and for retainer payments for the day facility that was closed due to COVID 19 precautions. With the reduced rates for retainer payments that were distributed in the retainer payment memo on 4/8/2020, agencies are no longer required to "exchange" day service units for residential units when day staff are reassigned to provide PCS or Respite services to members that currently cannot attend day facilities.

Q99: Should teams wait to request additional units of PCS for members who will be using that service instead of attending the day program?

A99: [4/16/20] Teams should not wait. Additional units of PCS should be requested to allow for services through 6/30/2020, which is the date through which precautionary measures will remain in place. If that time-period is extended, providers will be notified and at that time should request additional PCS units accordingly.

UPDATE 7/16/20: This is allowable through December 31, 2020.

UPDATE 8/20/20: This does not apply to FPCS.

Q107: For members who require additional units of HBPCS and respite, as described in Q/A #6, what dates should be used to identify the appropriate number of units to request?

A107: [5/7/20] West Virginia schools were closed effective 3/16/20 so additional units of HBPCS and respite can be requested under the circumstances described in Q/A #6 from that date through 6/30/20.

UPDATE 7/16/20: This is allowable through December 31, 2020.

UPDATE 11/5/20: This concession is now available through 3/31/21, however receiving paid IDDW supports while participating in electronic learning is currently under review with CMS. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q113: For members not returning to day services, can day services be decreased to increase other direct support services within budget if retainer payments have been exhausted.

A113: [7/30/20] Yes.

Q122: Can day services be conducted in locations that are not included in the site of service definition, such as a group home?

A122: [8/6/20] Yes. Under the current/approved Appendix K, day services may be provided in the member's home and/or the local, public community. If day services are provided in a member's home, family members and/or residential staff are not allowed to bill these services concurrently.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities. Whether or not concurrent billing can occur under this circumstance is currently under review with CMS. Additional information will be provided when received.

Q129: Are the concessions for additional HBPCS and Respite that are currently available through 12.31.2020 apply to members whose day program(s) have not opened yet or for those members who choose to not return to day services?

A129: [9/3/20] Although some day programs have reopened, they may not be able to accommodate their usual rate of attendance due to social distancing guidelines. Under these circumstances, a member may attend the day program only 3 days each week instead of 5 days attended prior to the pandemic. Additional services may be requested

to cover the two days that the member is not attending the day program. Similarly, members that choose not to return to the day program due to concerns of COVID-19 may continue to receive these additional services.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q131: Is it acceptable at this time for Respite, or any other direct care service, to be billed for assisting school-aged members with schoolwork while participating in remote learning?

A131: [11/18/20] This is currently under review with CMS and further clarification will be provided as it becomes available.

Q133: How can the IDT determine an appropriate number of units to request if a member is not attending day services and would like to access additional HBPCS and/or Respite services in lieu of day services?

A133: [1/7/21] If additional HBPCS and/or Respite services are being requested by the IDT in lieu of day services, the IDT can request up to the same number of units of HBPCS and/or Respite based on those previously approved for day services.

Eligibility

Q8: For members whose only direct care service is FBDH, if they choose not to receive this service, will a DD12 be required to put their services on hold?

A8: [3/19/20] Yes, a DD12 should be done under this circumstance. Please note that while the state is dealing with COVID-19, members will not lose their slots on the IDD waiver because they are not receiving services each month.

UPDATE 4/2/20: A DD12 will not be required under this circumstance. For DD12s that have already been submitted for this reason, please contact Josh Ruppert at jruppert@kepro.com to address these individually. Additionally, members who elect to not receive any direct care services do not require a DD12 and will not be placed on hold. Leaving them in active status will allow the agencies to continue to bill for conducting the monthly phone contact that is so important during this time to ensure health and safety.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q10: What is the procedure for conducting member assessments?

A10: Member assessments will be conducted by telephone at least through 6/30/20; however, those who wish may postpone their assessment so that it may be conducted face-to-face.

For those that are conducted via telephone:

1. KEPRO Service Support Facilitators (SSFs) will provide specific call-in information to SCs in order that telephone assessments can take place.
2. The following forms: DD2, Rights and Responsibilities, Signature Page for Assessment, and the ICAP Signature Page, which are typically completed at assessments, will not require signatures. Rather, the SSF who conducts the assessment will note verbal agreement or disagreement as appropriate and identify that the assessment was completed telephonically due to COVID-19. If the legal representative does not attend, the SC should facilitate completion of the DD2 via electronic means or postal mail.
3. When face-to-face activities resume, SSFs will supply completed ICAP booklets to providers as required.
4. Member handbooks and IDWW reference guides will be mailed or emailed to members/families by the SC if requested.
5. While the SC is typically excused during completion of the DD2, this will not be the case during telephonic assessments. Members will continue to be made aware of their Freedom of Choice with respect to choosing agencies at any time.

For those that are postponed until face-to-face activities resume:

1. So that services can continue without interruption, KEPRO will issue a pro-rated budget. This pro-rated budget will allow the member to access three months of service and will be based on the previous year's budget (or dollar amount approved via exceptions if applicable).
2. Once face-to-face activities resume and the assessment is completed, the assessment-based budget will be pro-rated for the time remaining in the service year.
3. Exceptions are not allowed for services approved via the pro-rated budget.

UPDATE 7/16/20: Effective 7/1/20, initial and annual assessments may not be postponed. While they are allowed to be conducted in-person, doing so via secure electronic means or via telephone is preferred and encouraged. Members whose assessments were originally postponed, as allowed per the 3/20/20 memo, must be completed by 9/30/20. Assessments may continue to be completed via secure electronic means or by telephone through 12/31/2020.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q11: Will individuals on the waitlist continue to be assessed as part of the waitlist release study?

A11: [3/19/20] Yes. As with existing members, those individuals on the waitlist who are currently being assessed may elect to participate by telephone or postpone. The procedure for telephonic assessments will be the same as that described in question 10, above, except a Service Coordinator will not attend. For those who choose to postpone, the date of their slot release will be July 1, 2020. It is anticipated that by that time, normal business operations will have resumed but procedures may need to be re-evaluated closer to that date.

Q50: How should agencies handle new referrals who are being released from the waitlist that require 24-hour settings?

A50: [3/26/20] Agencies should do their best to continue to handle these as would typically be done, while maintaining the recommended precautions to limit infection. BMS recognizes that it may take longer to get services established; members will not lose slots if services are not accessed within the normally required 180 days. A DD12 should be submitted for any members who are in danger of not receiving a direct care service within the 180 day timeframe.

Q51: What is the procedure for establishing financial eligibility during the stay at home order?

A51: [3/26/20] Per the 3/20/20 memo to DHHR eligibility staff from Anita Hayes, Director, Medicaid and WVCHIP Member Eligibility Policy, Bureau for Medical Services: The West Virginia Bureau for Medical Services (BMS) and WV Children's Health Insurance Program (WVCHIP) are extending the renewal date for all Medicaid and WVCHIP recipients for three months. All disability reevaluations required by the Medical Review Team are also being extended for three months. All Medicaid and WVCHIP clients should remain enrolled in coverage regardless of age or category. This policy goes into effect immediately and will remain in place through May 31, 2020.

MEDICAID AND WVCHIP RENEWALS

- Medicaid and WVCHIP eligibility renewals not already completed in March 2020 have been extended to June 2020.
- Eligibility renewals due in April 2020 will be extended to July 2020.
- Eligibility renewals due in May 2020 will be extended to August 2020.

Q61: If a member has an approved DD12 and his/her slot is on hold due to not receiving direct care services during the COVID-19 response, can SCs still conduct the phone contact home visits, which are such a vital means of ensuring health/safety?

A61: [4/2/20] Question #8, originally discussed on the 3/19/20 call, has been updated so that a DD12 is not required if a member's only direct care services were day services. As such, the member will not be placed in Member-Hold status and monthly phone contact home visits can take place.

Q75: For members who recently received a slot: if they are unable to access a direct care service within the required 180 days due to COVID-19 precautions, will they lose their slot? This could apply to those who currently live in ICF or other living arrangements. Will DD12s be required?

A75: [4/2/20] Any new member (this does not apply to those who have already used their slots--"existing" members) who is unable to access a direct care service due to COVID-19 precautions will not lose their slot. A DD12 is required if the individual will not access a direct care service by 180 days for tracking purposes only.

Q101: Will members' financial eligibility be in jeopardy if their assets (excluding residence, furnishings, and personal vehicle) exceed \$2,000? Most are unable to participate in previous tasks such as shopping.

A101: [4/16/20] No; existing Medicaid members will retain coverage in their eligibility category until the date of their next renewal, or the end of the month in which the emergency period ends, regardless of change in circumstances. Closure will only occur if members request closure, move out of state, or become deceased.

Meetings

Q16: With IDT meetings being held via telephone, is it still required that all team members attend? Will participants bill the regular IPP Planning events?

A16: [3/19/20] The requirements for who attends IDT meetings has not changed. Practitioners can bill for attending via telephone. As is current policy, participants will bill the regular IPP Planning events until those are exhausted. If they are exhausted, the appropriate service code is to be billed for the time the practitioner participated in the meeting.

UPDATE 8/6/20: While IDT meeting can occur face-to-face at this time, it is encouraged that IDT members attend via phone or by secure electronic means. Those that attend by phone or by other electronic means can bill the appropriate event code or the appropriate service code if the event codes have been exhausted.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q20: If IDT meetings must be conducted during a legal representative's work hours, should a DD12 be completed to excuse them from the meeting?

A20: [3/19/20] This requirement will not change. For any required members of the IDT who are unable to attend, DD12s must be submitted. Agencies are encouraged, however, to accommodate all IDT members' schedules so that they can attend meetings.

Q28: Are IPPs still required to be disseminated within 14 days?

A28: [3/19/20] Yes. This requirement has not changed. Providers should still forward these documents via email and when necessary via postal mail.

Q34: Will there be any exceptions to the requirement to implement Conflict-Free Case Management effective July 1, 2020?

A34: [3/26/20] BMS has submitted this question to CMS and is awaiting a response.

UPDATE 4/16/20: Due to the current COVID 19 situation, the existing IDD Waiver application will be renewed for a period of one year (7/1/2020 to 6/30/2021). During this time the existing policy manual will remain in place and the implementation of CFCM will be suspended with the exception of newly enrolled members. Since CFCM will be a requirement in the upcoming waiver, members that are currently receiving slots will be required to choose a Service Coordination (Case Management) agency and a Service Provider agency. Kepro will continue to educate members about CFCM during their annual assessments but the members will not be required to choose a separate agency for Service Coordination.

UPDATE 6/10/20: The existing IDD Waiver application has been extended for five years from 7/1/2020 to 6/30/2025, however compliance with CFCM requirements will begin to roll out on December 1, 2020 for those members with January 1, 2021 anchor dates that are holding Annual IPP meetings in December, 2020. It is expected that all members will come into compliance with CFCM requirements by November 30, 2021. Individuals that have recently been allocated a slot will not be required to adhere to CFCM requirements prior to November 1, 2020, but should consider doing so in order to initiate the required development of an IDT that meets CFCM requirements. This will set up the member and their IDT for immediate compliance and allow for services without disruption to the IDT.

UPDATE 12/3/20: CFCM will be phased-in based upon members' anchor dates beginning with members that have anchor dates in April 2021.

Q43: If a member does not already have respite in their approved service array, is an addendum sufficient to add it or is a Critical Juncture IDT meeting needed?

A43: [3/26/20] To add respite due to a closure of day service or school, an addendum is sufficient. A Critical Juncture meeting is required to add it for any other purpose.

UPDATE 4/9/2020: This applies to HBPCS or other services added for this reason, as well.

Q53: Can Human Rights Committee (HRC) meetings be held via phone or ZOOM while we are under the COVID-19 precautions?

A53: [4/2/20] Per OHFLAC--Yes, during the COVID-19 response this is acceptable.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q102: Can Human Rights Committee (HRC) meetings be postponed during the CoVID-19 response?

A102: [4/16/20] HRC meetings are an OHFLAC requirement and currently OHFLAC is allowing the meetings to be conducted electronically or by phone. If a provider has a specific reason that their quarterly HRC meeting needs to be canceled or postponed, they should contact OHFLAC to obtain an exception for that specific meeting.

Q108: When the program returns to face-to-face meetings, can those be conducted via Zoom for members who have compromised immune systems or other medical issues? There are concerns about a possible increase in CoVID-19 infections when people start interacting with one another more frequently.

A108: [5/7/20] BMS is researching this possibility and will provide additional information as part of the overall re-opening plan when available.

UPDATE 8/20/20: While IDT meeting can occur face-to-face at this time, it is encouraged that IDT members attend via phone or by secure electronic means. Those that attend by phone or by other electronic means can bill the appropriate event code or the appropriate service code if the event codes have been exhausted.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Miscellaneous

Q32: Does PPL have a plan to expedite completion of spending plans so that services can be provided right away?

A32: [3/26/20] The completion of spending plans is dependent upon PPL's receipt of Personal Options' service authorizations and the Resource Consultant meeting (by phone) with the member/guardian to determine how they wish to allocate funds from their self-directed budget. PPL will make every effort to complete spending plans so that members and their workers have no interruption in services or delays in workers' payments.

Q34: Will there be any exceptions to the requirement to implement Conflict-Free Case Management effective July 1, 2020?

A34: [3/26/20] BMS has submitted this question to CMS and is awaiting a response.

UPDATE 4/16/20: Due to the current COVID 19 situation, the existing IDD Waiver application will be renewed for a period of one year (7/1/2020 to 6/30/2021). During this time the existing policy manual will remain in place and the implementation of CFCM will be suspended with the exception of newly enrolled members. Since CFCM will be a requirement in the upcoming waiver, members that are currently receiving slots will be required to choose a Service Coordination (Case Management) agency and a Service Provider agency. Kepro will continue to educate members about CFCM during their annual assessments but the members will not be required to choose a separate agency for Service Coordination.

UPDATE 6/10/20: The existing IDD Waiver application has been extended for five years from 7/1/2020 to 6/30/2025, however compliance with CFCM requirements will begin to roll out on December 1, 2020 for those members with January 1, 2021 anchor dates that are holding Annual IPP meetings in December, 2020. It is expected that all members will come into compliance with CFCM requirements by November 30, 2021. Individuals that have recently been allocated a slot will not be required to adhere to CFCM requirements prior to November 1, 2020, but should consider doing so in order to initiate the required development of an IDT that meets CFCM requirements. This will set up the member and their IDT for immediate compliance and allow for services without disruption to the IDT.

UPDATE 12/3/20: CFCM will be phased-in based upon members' anchor dates beginning with members that have anchor dates in April 2021.

Q46: Given that the governor issued the "stay at home" order that only allows people to leave their homes when absolutely necessary, are IDD provider staff considered "essential" and thus allowed to continue to go into their worksite?

A46: [3/26/20] Yes, the order specifically identifies "Medicaid Providers" as essential staff, therefore all agency personnel are considered essential and can continue to work. (The executive order can be accessed using the link above in announcement #2.) Agencies may wish to develop a letter or document that indicates the staff person is an essential healthcare worker that can be carried as needed.

Q47: Will the Healthcare Authority extend deadlines for required end-of-year documentation?

A47: [3/26/20] If needed, providers may email Barbara Skeen Skeen at the Healthcare Authority (Barbara.I.Skeen@wv.gov) and request up to a three month extension for submission of the annual financial disclosure documents.

Q52: Is a Person-Centered Support-Home Based worker considered an essential employee if there are natural supports available in the member's home?

A52: [3/26/20] All PCS workers are designated as essential but the need to report for work in a natural family setting must be determined on a case-by-case basis. To decrease the risk of exposure to COVID 19, some members/families have requested workers to temporarily not come to the home to provide services. However, some members still require services that available natural supports are unable to provide. Note: If a worker has symptoms of COVID-19 or has recently been exposed to someone with COVID-19, they should not risk infecting the member or others in the member's home. The worker must notify their agency so that other arrangements can be made to meet the member's needs.

Q65: When regular day habilitation services resume, are agencies required to offer attendance to those who previously attended before enrolling new members?

A65: [4/2/20] Yes. Day habilitation programs should ensure that the opportunity to attend is extended to those who were previously enrolled.

Q68: What is the procedure for provider reviews that will be conducted remotely during the COVID-19 response?

A68: [4/2/20] The procedure is currently under review. Additional information will be provided.

UPDATE 4/23/2020: Provider reviews will continue but will be conducted remotely as first announced 3/20/20. Reviews may be postponed until normal business operations resume, at the discretion of the provider and/or BMS and KEPRO. The assigned Provider Educator for each agency will be in touch closer to the anchor date for providers to whom this will apply. Arrangements for provision of documents will be made with each provider individually.

UPDATE 8/20/2020: Providers will be allowed the choice of a remote or face-to-face provider review through 12/31/2020.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q77: Is the deadline for public comment for the IDDW application for renewal still 4/4/20?

A77: [4/2/20] Yes, the deadline will remain 4/4/20.

Q78: Should transfers from one agency to another be postponed until normal business operations resume?

A78: [4/9/20] Members do not have to wait to transfer their services, if they wish. The normal procedures would be followed, except that any meetings must be held in a non-face-to-face manner. As always, when transfers occur, the two agencies must ensure they are communicating with one another regarding utilization, scheduled appointments, etc. If the transfer involves physical relocation, teams must consider member health/safety with respect to COVID-19 as part of the plan.

Q81: Is it permissible for Case Managers to complete requests for Medicaid Fair Hearing without a signature?

A81: [4/9/20] This is not allowed. Members/legal representatives can request Medicaid Fair Hearing by sending an email to the BoR, calling the BoR, or sending a letter. BoR contact information is identified on the Medicaid Fair Hearing Request Form.

Q87: Some families have chosen to not have staff in their homes for safety reasons, so billing is not occurring for Respite and Home-Based PCS. Will the decreased utilization affect their budgets?

A87: [4/9/20] No. Members' budgets will not be affected by decreased service utilization during the COVID-19 response.

Q94: Will implementation of Conflict Free Case Management be postponed?

A94: [4/9/20] This possibility is currently being discussed with CMS and an answer will be forthcoming.

11/5/20 UPDATE: Implementation of CFCM has been postponed to 4/1/21 and will be rolled out based upon member anchor dates beginning with those anchor dates in April 2021.

Q95: Will the requirement to implement Electronic Visit Verification (EVV) be postponed? If not, will the requirement for individual NPI numbers also be required to take place as scheduled?

A95: [4/9/20] Both requirements will be implemented as scheduled.

Q98: Will DXC process billing for services that are provided for more than 24 hours per day?

A98: [4/16/20] Yes. DXC will process billing according to the number of units authorized.

Q111: Will agencies be protected enough by having a guardian/member sign a hold harmless agreement waiver in the event the member is infected with COVID after returning to day treatment?

A111: [7/30/20] Agencies should consult their own legal counsel regarding liability risk.

Q116: Given the importance and complexity of these matters, could BMS please take the time to put their communications in writing? We recognize things are changing rapidly, and new information is being received regularly. However, that's all the more reason it should be communicated clearly and in writing. Verbal communication via calls that must then be verbally communicated to others in our organizations is breeding misinformation and miscommunication.

A116: [7/30/20] The intent of the bi-weekly CoVID-19 calls is to provide agencies with information as promptly as possible. Information and questions addressed during these calls are documented in writing and forwarded to the Distribution List once finalized to ensure consistency and accuracy, as well as to allow agencies to share with all appropriate staff.

Q132: Are providers required to report cases of COVID-19 to their County Health Department and OHFLAC for all members they serve or just those that reside in ISS and Group Homes?

A132: [1/7/21] All cases of COVID-19, including those for members that live in Natural Family and Specialized Family Care settings, must be reported to the member's County Health Department, as well as OHFLAC.

Professional & Extended Professional Services

Q15: Can skilled nursing assessments and BSP services be provided by telehealth?

A15: [3/19/20] Yes; as indicated in the memorandum provided on 3/13/20, these services, if provided, must be done so via telephone or other secure electronic means as appropriate and needed. Services provided via one of these methods can be billed.

Service notes should indicate that the service was provided electronically due to the restriction on face-to-face interaction.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q22: Will Service Coordinators be able to bill the average amount for home visits? Conducting them via telephone will greatly decrease the time billed due to not traveling.

A22: [3/19/20] No. Service Coordinators may only bill the actual time the call takes.

Q23: Can BSP services be conducted over the phone?

A23: [3/19/20] Yes.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q24: If members are exhibiting behavioral issues and a direct-care staff calls for assistance from a BSP, can that BSP respond in person?

A24: [3/19/20] BSPs may respond in person in emergency situations only. Precautions set for the by CDC and WHO should be followed.

Q30: Can extended professionals (OT, ST, DT, and PT) provide IDDW services via telehealth? What about music therapy secured via Participant-Directed Goods and Services?

A30: [3/19/20] Yes, conducting these services is permissible via telehealth. Therapists should evaluate the need for and feasibility of providing these services on a case-by-case basis and act accordingly. Additional information can be found here: <https://dhhr.wv.gov/bms/Documents/OT%20PT%20Speech%20COVID%20Precautions.pdf>

Q34: Will there be any exceptions to the requirement to implement Conflict-Free Case Management effective July 1, 2020?

A34: [3/26/20] BMS has submitted this question to CMS and is awaiting a response.

UPDATE 4/16/20: Due to the current COVID 19 situation, the existing IDD Waiver application will be renewed for a period of one year (7/1/2020 to 6/30/2021). During this time the existing policy manual will remain in place and the implementation of CFCM will

be suspended with the exception of newly enrolled members. Since CFCM will be a requirement in the upcoming waiver, members that are currently receiving slots will be required to choose a Service Coordination (Case Management) agency and a Service Provider agency. Kepro will continue to educate members about CFCM during their annual assessments but the members will not be required to choose a separate agency for Service Coordination.

UPDATE 6/10/20: The existing IDD Waiver application has been extended for five years from 7/1/2020 to 6/30/2025, however compliance with CFCM requirements will begin to roll out on December 1, 2020 for those members with January 1, 2021 anchor dates that are holding Annual IPP meetings in December, 2020. It is expected that all members will come into compliance with CFCM requirements by November 30, 2021. Individuals that have recently been allocated a slot will not be required to adhere to CFCM requirements prior to November 1, 2020, but should consider doing so in order to initiate the required development of an IDT that meets CFCM requirements. This will set up the member and their IDT for immediate compliance and allow for services without disruption to the IDT.

UPDATE 12/3/20: CFCM will be phased-in based upon members' anchor dates beginning with members that have anchor dates in April 2021.

Q36: If a SC discovers, during the monthly phone contact, that the member's needs for food, shelter, medication, etc. are not being met, what is the procedure to follow?

A36: [3/26/20] While additional research may be needed to find resources, the SC can use the same methods he/she would typically use when attempting to secure items for members. The SC should, of course, only come into face-to-face contact when providing assistance in emergency situations.

Q41: If LPNs are required due to a shortage of AMAP staff, is a DD9 required?

A41: [3/26/20] Yes, the DD9 will need to indicate the reason for the request for authorization.

Q42: If LPNs are required due to a shortage of AMAP staff, can budgets be exceeded?

A42: [3/26/20] Each request will be reviewed to determine necessity, taking into consideration information on the DD9, including indications that LPN services are needed due to a shortage of AMAP staff. On occasion, it may be necessary to exceed the budget in order to facilitate this. If this is the case, the overage will be approved.

Q44: Will extra BSP units be approved, over budget if needed, to address increased maladaptive behaviors associated with disruption in routine and isolation?

A44: [3/26/20] The process for requesting additional BSP units will not change. If IDTs determine that a member requires additional units due to increased maladaptive behaviors, and the request causes the budget to be exceeded, an exception can be requested.

Q48: Are typed signatures acceptable for SC, BSP, and RN documentation acceptable for staff who are working remotely and do not have access to a scanner?

A48: [3/26/20] Yes.

Q57: If the agency is not going to exceed the amount of already authorized LPN units but will use some of those units for medication administration, is an updated DD9 required?

A57: [4/2/20] Yes, a new DD9 will be required in order to identify that LPN will be used to administer medications due to shortage of AMAP staff.

Q60: How should agencies ensure training/certification of the BSP curriculum for new Behavior Support Professionals during the COVID-19 response?

A60: [4/2/20] As with other training/certification requirements, BMS is suspending this requirement until such time as regular business operations resume. It is recommended that agencies use non-face-to-face methods to ensure that new BSPs have as much training as possible.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q63: What services can an RN perform remotely?

A63: [4/2/20] RNs can perform any allowable services remotely, at their discretion, taking into consideration best practices and medical needs of the member.

Q67: Can Service Coordinators bill to check-in with members on their caseload?

A67: [4/2/20] In the event that a member reports an issue or one is discovered during the monthly phone contact home visit, additional calls to "check-in" can be completed and billed. These should not, however, be done as a matter of routine.

Q79: Can BSPs for day services continue to provide services to members?

A79: [4/9/20] Yes, there are some tasks that BSPs for day programs can complete and bill for while day facilities are closed. They include attending Annual Functional Assessments if needed, attending IDT meetings, completing monthly summaries for data collected in

January, February, and/or March and developing recommendations based on the findings of those summaries. In addition, BSPs may be needed to update or provide assistance with various aspects of Positive Behavior Support plans and other interventions.

Q80: Can BSPs for day services bill to assist members with obtaining necessities such as toilet paper and food, and/or to check in with members periodically?

A80: [4/9/20] This is an SC task and is therefore not billable for a BSP. The SC is encouraged, now more than ever, to ensure that all team members are informed of issues affecting members.

Q81: Is it permissible for Case Managers to complete requests for Medicaid Fair Hearing without a signature?

A81: [4/9/20] This is not allowed. Members/legal representatives can request Medicaid Fair Hearing by sending an email to the BoR, calling the BoR, or sending a letter. BoR contact information is identified on the Medicaid Fair Hearing Request Form.

Q94: Will implementation of Conflict Free Case Management be postponed?

A94: [4/9/20] This possibility is currently being discussed with CMS and an answer will be forthcoming.

11/5/20 UPDATE: Implementation of CFCM has been postponed to 4/1/21 and will be rolled out based upon member anchor dates beginning with those anchor dates in April 2021.

Q130: With many members returning to face-to-face day services, do SCs have the option to complete required visits via secure, electronic means or is it required that the visits are completed face to face?

A130: [10/1/20] Either option is acceptable, although it is strongly encouraged that providers complete these visits via secure, electronic means at this time in order to minimize the risk of infection. If face to face visits occur it is of the utmost importance to follow all safety precautions outlined by the CDC and the WV Bureau for Public Health (WV BPH). For those participating in virtual day services, it is not necessary to complete an additional visit/contact form. Virtual services can be discussed and documented on the monthly home visit/contact form.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Qualified Providers/Trainings

Q5: Can client-specific training for Family PCS providers and/or respite providers be conducted via telephone for those who do not have access to skype or video call? If so, is conducting the training via telephone billable? Does this also apply to other staff, such as those who work in ISS and Group Homes and bill URPCS or LGHPCS?

A5: [3/19/20] Yes, these trainings can be conducted by telephone and can be billed. The practitioner should indicate on the service note that the training was conducted via telephone due to the restriction on face-to-face interaction. Signatures will not need to be obtained at a later date as long as the attendees are identified. This applies to all client-specific training, including that for Positive Behavior Support plans, for all staff who provide direct care services.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q14: Will BMS relax any of the training and certification requirements for new staff and for existing staff who are due for annual training?

A14: [3/19/20] Yes. Staff qualification requirements other than being 18 years of age (initial and annual training including CPR; First Aid; Member Rights; Identifying and Reporting Abuse/Neglect/ Exploitation; Treatment Practices and Procedures Including Confidentiality, Emergency Care Including Crisis and Emergency Planning; Infectious Disease Control; Direct-Care Ethics; and Member-Specific Needs) and fingerprint criminal background checks will be suspended until 7/1/2020. The screening of new employees through the WV CARES system will continue to be required. (Please refer to the 3/20/2020 memorandum from the WV Office of Inspector General regarding WV CARES.)

Provider agencies may choose to provide online training such as CPR and First Aid in lieu of in-person training. Trainings may also be conducted by telephone or electronic means (Skype/Zoom). If member-specific training is provided electronically, it must be through a secure network to protect the member's confidentiality.

UPDATE 10/1/20: Any staff that were due for training (initial or re-certification) on or after 3/13/20 has until 9/30/20 to come into compliance with all training requirements. Any staff that were hired on or after 7/1/20 are required to have all trainings completed prior to providing services. Participating in trainings remotely continues to be an available option and is recommended at this time.

Q31: Do the approved CPR and First Aid vendors offer online courses that can be used?

A31: [3/19/20] Below is the list of currently approved CPR and First Aid vendors and a description of online training availability for each:

American Heart Association: offers e-learning courses that are self-directed
www.heart.org

American Red Cross: offers Adult, Child, and Infant First Aid and CPR online
www.redcross.org

American Health and Safety Institute: offers online CPR and First Aid
www.hsi.com

American CPR: NO ONLINE COURSES OFFERED
www.americancpr.com

National Safety Council: offers online First Aid, CPR, and AED
www.nsc.org

Emergency Care and Safety Institute (ECSI): UPON COMPLETION OF ONLINE COURSE, STUDENTS MUST TAKE PRINTED ACKNOWLEDGEMENT OF COMPLETION TO ONSITE ECSI SKILLS TESTING CENTER FOR ONSITE SKILLS CHECK

4/2/20 UPDATE: Tests must be arranged via a local center--there is NO online course, but rather the option to test out of the course and demonstrate skills within 90 days. A local course can be found by going to:

<http://www.hsi.com/findaclass>
www.ecsiinstitute.org

EMS Safety Services: NO ONLINE COURSES OFFERED
www.access.emssafety.com

ProTrainings: offers blended learning option. Students complete the part 1 online course and then schedule a skill evaluation with an instructor to complete the skills check-off.

www.protrainings.com

Pacific Medical Training: Offer in-person and blended learning (online course with in-person skills demonstration) CPR courses.

<https://pacificmedicaltraining.com/education-nm-cpr.html>

Q32: Does PPL have a plan to expedite completion of spending plans so that services can be provided right away?

A32: [3/26/20] The completion of spending plans is dependent upon PPL's receipt of Personal Options' service authorizations and the Resource Consultant meeting (by phone)

with the member/guardian to determine how they wish to allocate funds from their self-directed budget. PPL will make every effort to complete spending plans so that members and their workers have no interruption in services or delays in workers' payments.

Q38: For staff who are temporarily laid off from a day facility and work for the residential facility with another agency, can training certifications be shared?

A38: [3/26/20] Yes. Agencies who are willing may certainly do so.

Q40: The American Heart Association recommends regulatory bodies allow for an extension of 60 days on the expiration date for CPR and First Aid. Is this something that BMS will consider?

A40: [3/26/20] Yes. At this time, too, agencies are allowed to suspend training requirements, including First Aid and CPR until regular activities are resumed.

Q60: How should agencies ensure training/certification of the BSP curriculum for new Behavior Support Professionals during the COVID-19 response?

A60: [4/2/20] As with other training/certification requirements, BMS is suspending this requirement until such time as regular business operations resume. It is recommended that agencies use non-face-to-face methods to ensure that new BSPs have as much training as possible.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q83: Drivers are struggling to find someone to complete required vehicle inspections. Will BMS waive the requirement for agencies to maintain this documentation for staff who bill transportation during the COVID-19 response?

A83: [4/9/20] Per the West Virginia State Police: As a result of the COVID-19 (Coronavirus) Pandemic and gubernatorial executive stay-at-home mandates, a three month grace period will be given to WV citizens for motor vehicle inspection renewal. Beginning April 1, 2020 through July 1, 2020 the motor vehicle inspection program will be suspended during this period. This is subject to change based on the termination or extension of the executive orders.

Agencies will not be responsible for maintaining this documentation during the time-period from 4/1/20-7/1/20, or for additional dates if the suspension period is extended.

UPDATE 10/1/20: Providers will need to review the DMV website in order to keep up with the most recent laws pertaining to required driver documentation. Below is the link to the DMV that further describes the most current requirements:

<https://transportation.wv.gov/DMV/Pages/covid-info.aspx>

Q96: Since the state is allowing grace periods on expirations for vehicle registration and insurance, should agencies process transportation billing without these documents?

A96: [4/16/20] Agencies will not be responsible for maintaining this documentation during the time-period that expiration dates are extended. BMS recognizes that not everyone has access to a printer/scanner and advises that all CoVID-19 precautions be prioritized.

Re-Opening

Q97: What are the procedures for how day visits will be conducted once they re-open?

A97: [4/16/20] Providers will be notified in advance of day programs opening. Procedures for doing so, including expectations for conducting visits and IDT meetings will be provided.

UPDATE 11/5/20: It is strongly encouraged that providers complete these visits via secure, electronic means at this time in order to minimize the risk of infection. If face to face visits occur it is of the utmost importance to follow all safety precautions outlined by the CDC and the WV Bureau for Public Health (WV BPH). This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q108: When the program returns to face-to-face meetings, can those be conducted via Zoom for members who have compromised immune systems or other medical issues? There are concerns about a possible increase in CoVID-19 infections when people start interacting with one another more frequently.

A108: [5/7/20] BMS is researching this possibility and will provide additional information as part of the overall re-opening plan when available.

UPDATE 8/20/20: While IDT meeting can occur face-to-face at this time, it is encouraged that IDT members attend via phone or by secure electronic means. Those that attend by phone or by other electronic means can bill the appropriate event code or the appropriate service code if the event codes have been exhausted.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q109: Item #1 on the Readiness Assessment indicates that all staff have been trained on the reopening guidelines provided by the Bureau for Public Health. Can you clarify where these guidelines can be found?

A109: [7/30/20] The guidelines can be found in the re-opening plan sent to all providers for the 6/18/20 COVID-19 Q/A meeting beginning on page 5.

Q110: If the team completes the risk/benefit discussion guide and agrees there is more risk to returning to day treatment, but the guardian is pushing for the member to return, how should the team and/or the FBDH agency proceed?

A110: [7/30/20] The risk/benefit assessment is a tool to gather information to allow the member/guardian to make an informed choice about returning to the day program and to provide the day program with information regarding the member's needs as they relate to contracting CoVID-19. It is not a tool to screen out members from attending. In the event that the risk/benefit assessment indicates that returning is not recommended, the IDT should work together to identify suitable alternatives, such as a modified schedule.

Q111: Will agencies be protected enough by having a guardian/member sign a hold harmless agreement waiver in the event the member is infected with COVID after returning to day treatment?

A111: [7/30/20] Agencies should consult their own legal counsel regarding liability risk.

Q112: Do teams still need to purchase day services at the same rate and type as the current treatment year if all retainer payments have been exhausted?

A112: [7/30/20] If all retainer payments have been exhausted and the day program has reopened, but the member does not choose to attend at this time, day services should not be purchased. If the member decides at a later date to resume attendance, a Critical Juncture meeting can be conducted and day services added at that time. If there is an existing authorization for day services but retainer payments have been exhausted and the member chooses not to return to day services at this time, the member may choose to modify down to utilization in order to access other needed services, but this is not required.

Q113: For members not returning to day services, can day services be decreased to increase other direct support services within budget if retainer payments have been exhausted.

A113: [7/30/20] Yes.

Q114: Some providers may have billed and received retainer payments for dates in excess of the 90 day period allowed by CMS. Can providers keep those funds, or must they be returned?

A114: [7/30/20] BMS is consulting with CMS on this currently.

UPDATE 8/6/20: If the provider has billed for retainer payments in excess of 90 days, the additional days would be billed as an over-payment and the provider will be responsible for adjusting those claims.

Q115: Given current circumstances it seems likely large numbers of clients will refuse (or be assessed as too risky) to return to day treatment. With a low census and no retainer payments, some day programs will be forced to close either temporarily or permanently. Is there any other support BMS can provide to prevent these closures?

A115: [7/30/20] Providers are encouraged to apply for Provider Relief Funds which are available through the CARES Act. The deadline for applications has been extended to August 3, 2020 and as of 7/28/2020, less than 4% of eligible providers across all states have applied. For more information please see:

<https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/providers/index.html>

UPDATE 8/6/20: As per the announcement that was sent to the IDDW distribution list on 8/3/2020, the deadline to apply for Provider Relief Funds (PRF) has been extended to 8/28/2020.

UPDATE 11/5/20: Providers are encouraged to apply for the latest round of Provider Relief Fund (PRF) support. Applications will be considered regardless of whether your organization was previously eligible for, applied for, received, accepted, or rejected prior PRF payments. For this newest phase, funding will be allocated to providers based on assessed financial losses and changes in operating expenses caused by COVID-19. For more information about the Phase 3-General Distribution, please visit:

<https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html>

Q117: Governor Justice's most recent order states that there is a limit of no more than 25 people in a setting. Does this apply specifically to FBDH sites?

A117: [8/6/20] Yes, it does apply. If an agency has questions regarding implementation please contact Randy Hill (Randall.K.Hill@wv.gov).

Q118: For members returning to FBDH programs, we may need to modify authorizations for ratio codes in order to meet social distance guidelines. Is this allowed? If not, can the IDT pursue an exception?

A118: [8/6/20] Yes, this is acceptable. It should not be necessary to pursue an exception unless you are increasing the overall number of units in the existing authorization.

Q119: Do agencies that operate a Supported Employment site need to complete the Readiness Assessment and other associated documentation?

A119: [8/6/20] No. This only applies to FBDH sites; however if members use this site to transition into their place of employment then these requirements would apply.

Q120: Who is responsible to complete the Daily Screening form? Are there any considerations for non-verbal members or those that cannot answer the screening questions?

A120: [8/6/20] Any natural support or DCS can assist in the completion of this tool. If the member cannot answer the screening questions then it will be the responsibility of the natural family or the DCS that are familiar with the member to assist in completion of the screening tool.

Q121: How should an SC complete day visits with members that have returned to day services? What form should be used?

A121: [8/6/20] The SC may complete the visit face-to-face or via phone/electronic means while continuing to follow executive orders from Governor Justice and the guidelines from the Bureau for Public Health. The SC should use the regular DD-3 for face-to-face visits, as necessary, or the contact form if the visit occurs via phone/electronic means.

Q126: What actions and documentation are necessary to complete prior to a member returning to face-to-face FBDH services?

A126: [8/20/20] Prior to re-opening and providing face-to-face services, it will be necessary for each FBDH site to have their agency leadership complete the IDDW Day Program Reopening Readiness Assessment and send the completed assessment to Randy Hill (Randall.K.Hill@wv.gov) for approval.

Each member that plans to return to face-to-face FBDH services will need to have their SC complete the Risk/Benefit Discussion Guide. The SC should consult with the member's IDT for successful completion and, while only one assessment is to be completed per member, it is recommended that it is completed as a collaborative effort. Additionally, an addendum will need to be completed with the member's IDT that includes results of the completed Risk/Benefit Discussion Guide and the number of units necessary to provide

services based upon the agency's identified re-opening date (no earlier than 8/3/2020). The SC is ultimately responsible to complete the Risk/Benefit Discussion Guide, as well as the Addendum and upload both documents to CareConnection® under the file name, "DD-5". Finally, a Daily Screening Tool for all members and staff is to be put into place and used daily. SCs are required to maintain communication with day programs to determine their plans for re-opening and effectively communicate available options.

Retainer Payments

Q37: For day facilities accessing retainer payments, is this billing to take place effective 3/23/20 (the date that BMS directed the facilities to close) or can they be accessed for earlier dates of service if programs closed before that date?

A37: [3/26/20] The earliest date that retainer payments can be billed is 3/13/2020.

Q49: When can addendums and modifications be submitted to KEPRO for services being modified as a result of day program closure? They are currently being rejected for "final directive from BMS."

A49: [3/26/20] Clarification has been received regarding retainer payments so providers may submit requests effective 3/26/20.

Q55: Are BSP services that were previously provided for day services eligible for Retainer payments?

A55: [4/2/20] No. CMS has approved retainer payments only for Day Services.

Q64: Does BMS require that revenue received via Retainer payments be allocated solely to staff wages?

A64: [4/2/20] The purpose of Retainer payments is to ensure that day facilities can promptly resume providing services once the COVID 19 precautions are lifted.

UPDATE 4/16/20: The reduced rate of Retainer payment allows agencies to bill for them even though they may have laid-off or reassigned the staff. Please refer to BMS Retainer payment memo dated 4/8/20.

Q72: Can transportation: trips be billed as part of retainer payments?

A72: [4/2/20] No; trips are not included in Retainer payments.

Q73: Should day services billed as Retainer payments be separated on the DD7?

A73: [4/2/20] This won't be necessary, unless Retainer payments are being billed for Supported Employment that continues after the closure date of 3/23/20.

Q84: If agencies have already modified services based on previous directions to capture Retainer payments, are those required to be updated? If so, what is the procedure? Is an addendum required?

A84: [4/9/20] Agencies who've already made modifications may need to correct those to reflect procedures communicated on 4/9/20. To do so, an addendum should be completed and the units should be modified in CareConnection®.

Q85: Are agencies require to lay off staff and use the Retainer payment for overhead such as building payment, bills, paying BSPs, etc.?

A85: [4/9/20] The decision to lay off staff is entirely that of each agency. If staff lay-offs have occurred, however, Retainer payments can be used for the purposes described in the question.

Q86: How is the rate changed in DXC's billing system?

A86: [4/9/20] Updated rates for IDDW Day Services Retainer payments are in DXC's system with an effective date of 3/23/20. From that date forward, all claims for Day Habilitation, Job Development, or Pre-vocational services will be paid at the Retainer payment rate.

Day programs that opted to close or had reduced attendance due to COVID-19 prior to 3/23/20 may bill for Retainer payments back to 3/13/20 but will be responsible for submitting the correct Retainer payment on service claims. Similarly, providers will be responsible for submitting the correct Retainer payment rate for members that have been unable to work and receiving Supported Employment services since 3/13/20 due to COVID-19. For members that are still allowed to work and continue to receive Supported Employment Services, providers will bill the usual Supported Employment rates.

Q88: Is an exceptions request required if using Retainer payments will result in going over budget?

A88: [4/9/20] An exception will not be required to exceed budget as long as the new request for authorization supports the member's needs. Providers will be advised if individual cases cannot be authorized.

Q89: How are agencies to bill with respect to different ratios? Should the units identified in the tentative schedule and ISP be used? Ratios can vary by day depending upon member attendance.

A89: [4/9/20] Agencies will bill units that are currently authorized. Since authorizations are for an entire year and billing occurs more frequently, agencies can average the number of approved units with the billing frequency. For example, if a member has 120 units of FBDH 1:1-2 authorized for the year and that agency bills monthly, 10 units of that service code would be billed each month during the period that Retainer payments are being utilized.

Q90: Should agencies void/adjust for any Day services billing that has already been submitted?

A90: [4/9/20] BMS mandated the closure of day facilities on 3/23/2020. Facilities that opted to close or had reduced attendance due to COVID 19 prior to 3/23 may claim retainer payments back to 3/13. If a facility has already submitted claims for retainer payments and billed the regular service rates, it will be necessary to adjust those claims using the retainer payment rates that were included in the retainer payment memo that was distributed by Kepro on 4/8/2020.

Q91: If agencies have transferred Day Program staff to residential sites, do those agencies bill the residential (PCS) codes or Retainer payments?

A91: [4/9/20] In this circumstance, the agency is eligible to bill for both the Residential PCS codes that were actually provided and for retainer payments for the day facility that was closed due to COVID 19 precautions. With the reduced rates for retainer payments that were distributed in the retainer payment memo on 4/8/2020, agencies are no longer required to “exchange” day service units for residential units when day staff are reassigned to provide PCS or Respite services to members that currently cannot attend day facilities.

Q92: How do agencies handle monthly rounding to the nearest whole unit?

A92: [4/9/20] Agencies are allowed to round to the nearest whole unit once per billing period. For example, an agency that bills for Case Management services once per month would add up all the partial units that were provided throughout the month and then round the sum up to the nearest whole unit. For example, the following minutes of Case Management were provided during the billing period: 22 minutes; 4 minutes; 41 minutes; 7 minutes and 87 minutes. The sum = 161 minutes divided by 15 = 10.73. The agency would round to 11 units for billing purposes.

Q106: Are Retainer payments available for those who were receiving day services via the Waitlist Support Grant?

A106: [4/23/20] Yes, this is only available for those who received day services prior to the date Retainer payments started, 3/13/20, and got their slot that date or after. Only the number of units and ratios that were received via the Grant can be approved.

11/5/20 UPDATE: Retainer payments are no longer available as of 11/1/2020.

Q114: Some providers may have billed and received retainer payments for dates in excess of the 90 day period allowed by CMS. Can providers keep those funds, or must they be returned?

A114: [7/30/20] BMS is consulting with CMS on this currently.

UPDATE 8/6/20: If the provider has billed for retainer payments in excess of 90 days, the additional days would be billed as an over-payment and the provider will be responsible for adjusting those claims.

Q127: Are providers allowed to submit claims for retainer payments and receive other forms of relief, such as a PPP loan/grant, simultaneously?

A127: [8/20/20] There must not be any duplication in the funding that an agency receives. Keep in mind that the PPP loan/grant is not strictly limited to covering an agency's payroll costs. Up to 40% of the PPP funds may be used for rent, mortgage interest, utilities, etc. Similarly, funds obtained through the Provider Relief Fund may be used to cover various costs to prepare for, respond to, and prevent COVID-19. As such, these sources may include, but are not limited to payroll costs.

RETAINER PAYMENTS WITH DATE OF SERVICE 3/13/20 – 6/30/20:

- Reimbursed at 70% of the regular day services rates and the reduced rate reflected payroll costs that were not covered by the retainer payment.
- For this reason, an agency would be eligible to bill for retainer payments and receive a PPP loan/grant or Provider Relief Funds as long as the agency used the PPP and/or Provider Relief funds solely for payroll or costs not associated with their day programs.
- This prevents the retainer payments and other relief funding from being viewed as duplicative or double payments.

RETAINER PAYMENTS WITH DATE OF SERVICE 7/1/20 AND AFTERWARDS:

- Retainer payments remain available after July 1 unless the member has reached the limit of 90 retainer payments.
- If a member does have remaining retainer payments AND the agency can attest that they have retained their staff at the pre-pandemic schedules and wages, then the agency may bill the full (100%) day services rates for retainer payments.
- If the agency cannot attest to retaining staff, but have retainer payments remaining, then they may still bill for retainer payments but at the 70% rate, which will help to avoid duplication of funding.

Q128: Do retainer payments have to be exhausted by the agency or can an agency opt to stop submitting retainer payments and instead opt to do modifications to decrease FBDH in order to increase other services?

A128: [9/3/20] While retainer payments are available they are not required to be utilized or exhausted in order to increase other services. If any retainer payments have been utilized, then the agency will be required to identify the number of retainer payments claim payments when making modification requests to other services in CareConnection® via an addendum.

UPDATE 9/17/20: Further clarification from CMS revealed that each member has a total of 90 retainer payments available, rather than 90 payments per agency, that will need to be coordinated in the event that a member attends more than one FBDH programs.

UPDATE 11/5/20: Retainer payments are no longer available as of 11/1/2020.

Signatures

Q4: How are signatures for meetings held via non-face-to-face means to be obtained?

A4: [3/19/20] As with home visits, it will not be required to collect signatures at a later date. The SC who conducts the meeting can simply indicate on the signature page that individuals attended and agreed to the information discussed.

Q29: What is the procedure for obtaining signatures on forms such as DD2s and DD10s?

A29: [3/19/20] Should any forms be required during this time, signatures are not required. Instead, the SC must indicate on the form itself that verbal consent was obtained due to the restriction on face-to-face contact. It will not be necessary to obtain signatures later.

Q33: What is the procedure for obtaining signatures on requirements such as review of the agency's grievance process, rights and responsibilities, and acknowledgement of understanding how to report abuse/neglect/exploitation?

A33: [3/26/20] All of these items should continue to be reviewed, though doing so via non-face-to-face means is now required. Rather than signatures, agency staff should indicate verbal acknowledgement was received due to the restriction on face-to-face contact related to COVID-19. It will not be necessary to obtain signatures at a later date.

Q48: Are typed signatures acceptable for SC, BSP, and RN documentation acceptable for staff who are working remotely and do not have access to a scanner?

A48: [3/26/20] Yes.

Q69: Will signatures be required on incident reporting forms?

A69: [4/2/20] No; as with other documentation, in lieu of signatures practitioners can indicate that verbal agreement/approval (as applicable) was obtained due to the restriction on face-to-face interaction. It will not be necessary to obtain signatures later.

Q100: Can team agreement for Unmet Needs applications be obtained by telephone instead of via an in-person signature?

A100: [4/16/20] Yes. Per the Bureau for Behavioral Health (BBH) this is acceptable.

Q124: How should signatures be gathered now that physical or acceptable electronic signatures are required as of July 1, 2020? Will the lack of signatures delay purchase and/or modification requests?

A124: [8/6/20] Since this announcement was made on 7/30/20, providers will be allowed to note that verbal consent was obtained for any IPP held in July 2020 rather than obtaining physical signatures. For all IPPs held 8/1/20 forward, providers will have 30 days to obtain physical or acceptable electronic signatures. Purchase requests will not be delayed due to a lack of signatures, however providers are still required to upload IPPs with verbal consent obtained within the usual 14 day timeframe.

UPDATE 10/1/2020: Providers are reminded that if a signature cannot be obtained at the time of the meeting, a signature page is still required for any submission that includes the names of all attendees, their method of attendance, and an indication of agreement/disagreement. Physical or acceptable electronic signatures (for any IPP held 8/1/2020 or later) are required within 30 days, but not required for authorization of services.

UPDATE 10/15/2020: The term "addendum" has been removed from the 10/1/2020 update and providers are reminded that policy clarification regarding signatures for addendums can be found in FAQ 176.

Q125: What exactly is an acceptable electronic signature?

A125: [8/6/20] This is described in section 320.5 (Document and Retain Records) of the common chapters beginning on page 62. The link to the common chapter can be found here:

<https://dhhr.wv.gov/bms/Provider/Documents/Manuals/AllProviderManuals.pdf>

Transportation

Q19: Will BMS relax the requirement for transportation: miles to be billed only with the member present in the vehicle so that essential errands such as groceries and medications can be completed?

A19: [3/19/20] Yes. Staff may perform essential errands on the member's behalf without being accompanied by the member. The staff person may bill the regular service code for their time as well as transportation: miles.

4/2/20 UPDATE: In an effort to reduce risk of infection, providers are encouraged to combine errands for members when at all possible. Bill the appropriate code for the number of members on whose behalf errands are being completed. For example, if the staff is completing errands for three people, the 1:3 code should be billed.

5/7/20 UPDATE: This only applies to NF/SFCP settings when they are running errands on behalf of the member, but not to run errands for the entire family.

UPDATE 8/6/20: This concession is available through 12/31/20.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q58: If NF/SFCP are billing transportation: miles during the stay-at-home order, should the agency refuse to process it?

A58: [4/2/20] Agencies should be sure that members and families are aware of the stay-at-home order and its requirements. Whether to process unnecessary billing for transportation will be at the agency's discretion.

Q72: Can transportation: trips be billed as part of retainer payments?

A72: [4/2/20] No; trips are not included in Retainer payments.

Q83: Drivers are struggling to find someone to complete required vehicle inspections. Will BMS waive the requirement for agencies to maintain this documentation for staff who bill transportation during the COVID-19 response?

A83: [4/9/20] Per the West Virginia State Police: As a result of the COVID-19 (Coronavirus) Pandemic and gubernatorial executive stay-at-home mandates, a three month grace period will be given to WV citizens for motor vehicle inspection renewal. Beginning April 1, 2020 through July 1, 2020 the motor vehicle inspection program will be suspended during this period. This is subject to change based on the termination or extension of the executive orders.

Agencies will not be responsible for maintaining this documentation during the time-period from 4/1/20-7/1/20, or for additional dates if the suspension period is extended.

UPDATE 10/1/20: Providers will need to review the DMV website in order to keep up with the most recent laws pertaining to required driver documentation. Below is the link to the DMV that further describes the most current requirements:

<https://transportation.wv.gov/DMV/Pages/covid-info.aspx>

Q96: Since the state is allowing grace periods on expirations for vehicle registration and insurance, should agencies process transportation billing without these documents?

A96: [4/16/20] Agencies will not be responsible for maintaining this documentation during the time-period that expiration dates are extended. BMS recognizes that not everyone has access to a printer/scanner and advises that all CoVID-19 precautions be prioritized.

Q123: Are NEMT services being provided during the pandemic? If so, how are members screened prior to transportation?

A123: [8/6/20] NEMT services are available at this time; however if a member is exhibiting any signs or symptoms of illness or has been in contact with anyone that displays these signs or symptoms, then it is not advisable to utilize these services.

Visits

Q2: The memorandum dated 3/13/20 indicates that “Service Coordinators will not be required to meet face-to-face with members in their homes.” Does this mean that agencies can still conduct face-to-face home visits if they choose?

A2: [3/19/20] Effective immediately, home visits are to be conducted via telephone and no face-to-face visits are permitted unless they are required in order for the provider to intervene in an emergency circumstance. Please remember to review crisis plans to ensure they include specific steps to be taken if the paid staff or natural supports are unable to provide support. Service Coordinators should also determine if members have adequate supplies of food, medications, and other necessities. An amended DD3 has been developed for use until the restriction on face-to-face visits has been lifted. All items on that DD3 must be completed during the phone contact. A separate service note should not be completed. Because day-hab facilities will be closed, day visits do not need to be conducted.

It will not be necessary to collect signatures at a later date; the amended DD3 allows for the Service Coordinator to identify that contact has been made with the member, direct

care provider, and/or legal representative and that the contact occurred by phone or other non-face-to-face means.

UPDATE 10/1/20: Home and Day visits may occur face-to-face or via secure, electronic means although it is highly recommended to complete via electronic means at this time. If the visit is to occur on-site/face-to-face, then all necessary precautions should followed in order to maintain safety.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q12: BMS has indicated that meetings and home visits are to occur via telephone or electronically rather than face-to-face through 6/30/20. If the weather is nice, can face-to-face meetings be conducted outside?

A12: [3/19/20] No. Until more is known about how COVID-19 is transmitted and what the overall impact will be, the only time face-to-face meetings should occur is if the provider must intervene on behalf of the member to protect his/her health and safety.

UPDATE 7/16/20: Effective 7/1/20, while home visits and meetings may be conducted in-person, it is encouraged that they continue to be done via secure electronic means or telephone unless member circumstances require face-to-face interaction.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.

Q22: Will Service Coordinators be able to bill the average amount for home visits? Conducting them via telephone will greatly decrease the time billed due to not traveling.

A22: [3/19/20] No. Service Coordinators may only bill the actual time the call takes.

Q36: If a SC discovers, during the monthly phone contact, that the member's needs for food, shelter, medication, etc. are not being met, what is the procedure to follow?

A36: [3/26/20] While additional research may be needed to find resources, the SC can use the same methods he/she would typically use when attempting to secure items for members. The SC should, of course, only come into face-to-face contact when providing assistance in emergency situations.

Q61: If a member has an approved DD12 and his/her slot is on hold due to not receiving direct care services during the COVID-19 response, can SCs still conduct the phone contact home visits, which are such a vital means of ensuring health/safety?

A61: [4/2/20] Question #8, originally discussed on the 3/19/20 call, has been updated so that a DD12 is not required if a member's only direct care services were day services. As such, the member will not be placed in Member-Hold status and monthly phone contact home visits can take place.

Q62: Are DD12s required for missed day visits?

A62: [4/2/20] No. As long as day habilitation facilities are closed as part of the COVID-19 response, DD12s for day visits are not required.

Q67: Can Service Coordinators bill to check-in with members on their caseload?

A67: [4/2/20] In the event that a member reports an issue or one is discovered during the monthly phone contact home visit, additional calls to "check-in" can be completed and billed. These should not, however, be done as a matter of routine.

Q121: How should an SC complete day visits with members that have returned to day services? What form should be used?

A121: [8/6/20] The SC may complete the visit face-to-face or via phone/electronic means while continuing to follow executive orders from Governor Justice and the guidelines from the Bureau for Public Health. The SC should use the regular DD-3 for face-to-face visits, as necessary, or the contact form if the visit occurs via phone/electronic means.

Q130: With many members returning to face-to-face day services, do SCs have the option to complete required visits via secure, electronic means or is it required that the visits are completed face to face?

A130: [10/1/20] Either option is acceptable, although it is strongly encouraged that providers complete these visits via secure, electronic means at this time in order to minimize the risk of infection. If face to face visits occur it is of the utmost importance to follow all safety precautions outlined by the CDC and the WV Bureau for Public Health (WV BPH). For those participating in virtual day services, it is not necessary to complete an additional visit/contact form. Virtual services can be discussed and documented on the monthly home visit/contact form.

UPDATE 11/5/20: This concession is now available through 3/31/21. Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.