

**COMMENT LOG**  
**Intellectual and Developmental Disabilities Waiver (IDDW) Application**  
**Public Comment Period: February 21, 2025, to March 22, 2025**

Comment Number	Date Received	Comment	Action
1	2/24/2025	The CM description stated that CM will be subject to EVV and they are not currently subject to this. Is this a typo or is it changing to be a requirement?	<b>Change.</b> The waiver application will be revised. Case Managers (CM) are not subject to usage of the Electronic Visit Verification (EVV) system.
2	2/28/2025	Under the description of Case Management Services reads the following: "Personally meet monthly with the person who receives services and their paid or natural supports who are present at the time of the visit. Monthly home visits are conducted at the residence of the person who receives services to verify that services are being delivered in a safe environment, in accordance with the IPP, and appropriately documented and that the person who receives services continues to be financially eligible. The purpose of these visits is to determine progress toward obtaining services and resources, assess achievement of training objectives, and identify unmet needs. The visit is documented on the Case Manager Home/Day Visit Form"  Does this mean that natural families will be required to be seen face to face monthly under the new manual? If so, many case management agencies will find this to be a hardship with already existing issues with retaining staff, the current natural family reimbursement rate for service, etc...	<b>Change.</b> The waiver application will be revised to reflect current case management practices whereby CMs conduct monthly in-person home visits with individuals who receive services in a 24-hour residential setting and quarterly with individuals residing in a natural family home. CMs are also required to conduct monthly support contacts for individuals residing in a natural family home.
3	2/28/2025	THANK YOU FROM THE DEEPEST IN MY HEART AND SOUL. IF IT WASN'T FOR THIS PROGRAM I WOULD BE LOST. MY DAUGHTER WAS BLESSED WITH DOWN SYNDROME WHICH COMES WITH ALOT OF HEALTH AND PHYSICAL ISSUES, I AM SO VERY THANKFUL THAT THRU THIS PROGRAM I GET TO STAY HOME AND WORK WITH HER AND THATS MY ONLY SOURCE OF INCOME, AS A SINGLE MOM OF A CHILD WITH DISABILITIES IT IS ABSOLUTELY IMPOSSIBLE TO	<b>No change.</b> Comment does not include policy recommendations for changes.

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		HAVE ANY HELP IN CHILDCARE, BABYSITTING OR DVEN A RESPITE DUE TO PEOPLE THAT ARE NOT RELIABLE NOR SAFE, I AM ABLE TO TAKE CARE OF MY CHILD THAT IS MEDICALLY FRAGILE AND NOT HAVE TO BE AWSY FROM HER TO BE ON AN AMBULANCE ACTIVELY WOFKING AS A EMT OR MEDIC. MY DAUGHTERS LIFE, HEALTH AND HOME AND FINANCIAL STABILITY RELIES ON THIS SERVICE.... IT'S SUCH A HUGE BURDEN TRYING TO FIND SOMEONE ELSE TO LEAVE MY DAUGHTERS CARE TO, IT'S LITERALLY IMPOSSIBLE TO LEAVE HER WITH SOMEONE ELSE IF I HAD TO WORK AN OUTSIDE JOB. SCHOOLS ARE NOT EVEN HELPFUL NOR DEPENDENT. THEY ARE ABUSIVE AND NEGLECTFUL FOR YEARS ,THEY ARE NOT EVER RESPONSIBLE ENOUGH TO CARE FOR HER IN PUBLIC SCHOOLS, SHE IS ALSO HOMESCHOOLED	
4	3/4/2025	<p>Case Management, page 56 Last 2 bullets re: CM and HRC and CM and Futures Planning</p> <p>This states that the CM is responsible for ensuring that the SPA HRC reviews the restrictive measures every 6 months. How is this to be done? Will the CM be adequately accomplishing this as long as the “every 6 month timeline for HRC review” is documented on the IPP?</p>	<b>Change.</b> The waiver application will be revised to describe the CM’s responsibility to monitor restrictive measures approved by the Human Rights Committee (HRC) to ensure measures are implemented properly, reviewed at least every six months by the HRC, and are reviewed by the Interdisciplinary Team (IDT) at every planned juncture.
5	3/4/2025	<p>Rather than CMs being expected to attend Futures Planning sessions, can this be “may attend...”? Again, there are limitations on availability of time that the CM has, especially if they’re expected to travel to home visits monthly. The CM reimbursement rate does not cover all of the requirements proposed in this application.</p>	<b>No change.</b> Case managers play a central role in service coordination and facilitate all changes to the Individual Program Plan (IPP). Because of this, CMs must attend Future Planning sessions to help ensure that any modifications to the IPP are accurately documented and implemented.

**COMMENT LOG**  
**Intellectual and Developmental Disabilities Waiver (IDDW) Application**  
**Public Comment Period: February 21, 2025, to March 22, 2025**

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			The CM is the primary liaison between individuals, providers, and the broader system of care, making their presence at these meetings essential.
6	3/4/2025	Case Management, page 57, 4th box and it's under "Other Standard"  For the CM qualifications, these include "four year degree (BA or BS) in a human services field ..." Other than licensed Social Worker, Counselor, or RN, there are no other options but last application would provide for the opportunity for a non-degreed person with so many years of experience working in I/DD. Will this be revisited?	<b>Change.</b> This section will be updated to reflect the CM agency staff qualifications described in Chapter 513.
7	3/4/2025	Home-Based Agency Person-Centered Support, page 62, 4th box and it's under "Other Standard"  Staff credentials listed don't include limitations depending on the relationship or residence of the HBPCS provider.	<b>Change.</b> The waiver application will be revised to remove the references that limit staff credentials based on the relationship or residence of the provider.
8	3/4/2025	Electronic Monitoring, page 90, the 13th and 14th bullet The requirement that the CM reviews the Electronic Monitoring system as well as performs initial drill and testing of the equipment is outside of the scope and expertise of the CM. This implies a requirement of understanding without a clear path of how the CM would have this knowledge and puts another demand on a CM that isn't provided for within the CM reimbursement rate. Additionally, this appears to have control imposed on the CM that exceeds the SPA, who should have the burden of ensuring the system is functioning.	<b>No change.</b> The waiver application language has not changed and is in alignment with Chapter 513. The purpose of the drills with the CM is to help ensure that the member is trained and familiar with the operation of the electronic monitoring equipment, as well as observing the electronic monitoring vendor's response time. The CM is responsible for monitoring the use of this service and informing the IDT of any issues or concerns associated with the use of this system, which must be documented on the IPP.

**COMMENT LOG**  
**Intellectual and Developmental Disabilities Waiver (IDDW) Application**  
**Public Comment Period: February 21, 2025, to March 22, 2025**

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9	3/4/2025	Environmental Accessibility Adaptations, pages 93-96  This doesn't appear to include the updated changes with EAA and the level of involvement with Palco and some changes to the CM role.	<b>Change.</b> The waiver application language will be revised to reflect current policies regarding CM responsibilities.
10	3/4/2025	Family Person-Centered Support, page 97 Service Description page 99, Other standard  The list of those who can provide this service is described as family members with specifications and SFCs living in the home. Can this be expanded to include the significant other of the parent who lives in the home?  It should be noted that the FPCS-PO "other standard" only lists requirements of certifications and age, not relationship to the member. In the current manual, it also doesn't specify the relationship. Why can't this be applied to both traditional and PO options?	<b>Change.</b> The service definition for Family Person-Centered Support will be updated to state that any qualified relative/legal guardian living in the person's home except for a person's spouse may provide Family Person-Centered Support services.
11	3/4/2025	Page 135, table defining legally responsible individuals  The acknowledgement of the rural state as well as the oversight and the Extraordinary Care Assessment of need seem to indicate the opportunity to expand this list a bit further to include a person living in the home who is a significant other. Can this be opened up further to allow for a significant other of a member's parent who is living in the home?	<b>Change.</b> The waiver application will be revised by removing the limitation that relatives and legally responsible individuals who provide services must be specific types of family members.
12	3/4/2025	Page 163, (4) e.	<b>No change.</b> In accordance with Chapter 513, the member/legal representative may request the assignment of a specific CM and, when possible,

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**Public Comment Period: February 21, 2025, to March 22, 2025**

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		<p>“e. Case Management members are given choice of case managers within the agency.”</p> <p>The comment is that it is not always possible to accommodate a person’s request for a specific case manager within an agency. The CM agency should have the flexibility to make assignments and not change this if they have to make unreasonable accommodations.</p>	the agency honors the request. The agency has discretion when assignments might not be feasible due to staffing, workload distributions, or other operational challenges.
13	3/4/2025	<p>b. The case manager will coordinate evaluations...” page 165</p> <p>Evaluations listed to be coordinated by the CM include “significant medical, physical, therapy...” The CM is not the coordinator of these evaluations. In an NF setting, this is typically the parent. In a SFCH setting, this is typically the SFCP and guardian or HCS, if applicable. And in the ISS/GH setting, this is the Residential Manager or RN along with HCS or guardian. The CM does coordinate the annual functional assessment.</p>	<b>Change.</b> The waiver application will be revised to state that the CM is responsible for compiling assessment and evaluation results, at least annually, for incorporation into the IPP. The CM must ensure that assessments and evaluations are discussed during IPP meetings to address needs and incorporate recommendations.
14	3/4/2025	<p>Annual, Quarterly, and Six-Month IDT Meetings, Page 167</p> <p>Can the 180 days be changed to 6 months? The anchor date determines the month that the annual and 6M IPP reviews are. So if the Anchor date is October 1, why can’t the annual be due in September and the 6M be due in March?</p>	<b>Change.</b> The waiver application will be updated around IPP timelines. 30 days will be updated to one calendar month. 90 days will be updated to three calendar months. 180 days will be updated to six calendar months.
15	3/6/2025	<p>Will the Day Program billing codes change? I am unable to tell from the application yet I remember seeing somewhere a draft version where the codes changed. Is there a place where I can view the draft IDD Manual?</p>	<b>No change.</b> Day habilitation codes have not changed.

**COMMENT LOG**  
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**Public Comment Period: February 21, 2025, to March 22, 2025**

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16	3/6/2025	<p>Was this addressed in the new application? Or will it be addressed in the new manual?</p> <p>Q212: The IDDW policy manual states that agencies may round units only once per month but HHAExchange's system rounds per visit/daily. Will this cause provider agencies to be cited for not following policy and/or be subject to disallowance?</p> <p>A212: [1/6/22] The policy regarding the rounding of units will be updated to correspond with HHAExchange's system. In the meantime, agencies will not be cited or subject to disallowances for rounding performed by HHAExchange's system.</p>	<b>No change.</b> EVV system functionality will be acknowledged in an upcoming provider manual update.
17	3/12/2025	<p>High Priority Comment</p> <p>Waiver Eligibility Criteria – Standard Deviations, B-1(p. 30)</p> <p>Substantial deficits are defined as standardized scores of three standard deviations below the mean or less than one percentile when derived from a normative sample that represents the general U.S. population or equal to or below the 75th percentile when derived from intellectual disability normative populations. While this is not a new change in the waiver application, it remains a serious concern to the Council.</p> <p>The Council reviewed the medical eligibility criteria for the intellectual and/or developmental disabilities waivers of all other 49 states and the District of Columbia. The findings were clear that no other state or district of the United States uses such a restrictive substantial deficit criterion. All other</p>	<b>No change.</b> The medical eligibility requirements are not changing with this renewal. The definition of substantial deficits will remain as three standard deviations below the mean for purposes of adaptive deficits criteria only. For diagnosis criteria, IDDW uses two standard deviations below the mean, in line with national practices.

**COMMENT LOG**  
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		states use the definition of intellectual and/or developmental disability found in federal law and/or the Diagnostic and Statistical Manual (DSM-5) which identifies two standard deviations from the mean.  Recommendation: The Council recommends the Bureau use the federally and nationally recognized definition of intellectual and/or developmental disability of two standard deviations of the mean.	
18	3/12/2025	High Priority Comment  Waiver Eligibility Criteria – Autism Spectrum Disorder, Appendix B-1 and B-6 T(pp. 30, 44)  This proposed waiver application specifies Level III as an initial medical eligibility requirement for autism spectrum disorder (ASD) as an example of a related condition for eligibility. In previous waiver applications, the term used is autism. This waiver application appears to eliminate members who have Level I or Level II ASD. Autism is not checked as a target group. Twenty- seven (27) out of 45 states (or 60%) specify autism (with no delineation on level of ASD) or have a specific autism 1915(c) waiver. Five (5) states were not included in this research because they implement 1115 demonstration waivers. States with autism-specific waivers: Arkansas, Connecticut, Kansas, Maryland, Massachusetts, North Dakota, and Pennsylvania.  Recommendation: The Council <b>recommends</b> the Bureau leave the criteria as it has appeared in previous applications as a related condition of autism or check autism as a target group.	<b>No change:</b> Eligibility requirements are not changing. The current IDDW application and Chapter 513 state:  <i>The applicant must have a diagnosis of intellectual disability with concurrent substantial deficits manifested prior to age 22 or a related condition which constitutes a severe and chronic disability with concurrent substantial deficits manifested prior to age 22. Examples of related conditions which may, if severe and chronic in nature, make an individual eligible for the IDDW Program include but are not limited to, the following:</i> • Autism  The language regarding Autism severity was only updated to reflect the levels now outlined in the Diagnostic and Statistical Manual Fifth Edition Text Revision (DSM-V-TR). This change will not impact eligibility for individuals seeking to enroll or currently enrolled in the IDD Waiver.

**COMMENT LOG**  
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		How many members receiving I/DD Waiver services have a diagnosis of Level I or Level II ASD? How will this change affect them, and will they lose waiver services? What is the plan to inform members? If another qualifying condition is present with a diagnosis of Level I or Level II ASD will they automatically be deemed ineligible?	
19	3/12/2025	<p>High Priority Comment</p> <p>Waiver Slot Allocation, B-3 (p.33)</p> <p>The waiver application increases the unduplicated number of participants for the first year of to 6,165. This is an increase in unduplicated participants for year 1 by 201 unduplicated participants. In years 2 through 5 there is no increase in the number of unduplicated participants. This equates to an increase of 201 slots over the 5-year waiver renewal period.</p> <p>Recommendation:  The Council <b>recommends</b> the Bureau project an adequate level of slots needed over the 5-year period to meet the needs of people who require and are eligible for this service. The use of wait lists place those otherwise eligible at risk of institutionalization.</p>	<b>No change.</b> Per legislative directive, BMS released 50 slots in August 2024. BMS will update the waiver if additional slots are released in the future.
20	3/12/2025	<p>High Priority Comment</p> <p>Length Of Institutionalization Requirements Slots For Benjamin H, B-3 (p.34)</p> <p>Benjamin H. slot eligibility where adults must be institutionalized for “over one year”; and children must be institutionalized in an out-of-state facility for “at least one year.” There are 6 slots allocated for adults and 6 slots allocated for children who meet this requirement.</p>	<b>Change.</b> The waiver application language has been updated to allow individuals to qualify for Benjamin H priority slots if they have resided in an institutional setting for a minimum of six months and are determined medically and financially eligible for the IDDW program.



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		<p>The unapproved Waiver amendment application dated January 2024 made a change to this that reduced the institutionalization time from one year to six months. This change was removed under the renewal application of February 2025.</p> <p>Recommendation:  The Council recommends removing the one-year institutional timeframe. Priority should be given to those with the longest interval for institutionalization. Institutions for Mental Disease (IMD) are not intended for long-term care. These facilities are short-term stays under civil commitment.</p>	
21	3/12/2025	<p>At-Risk Case Management, C-1 and C-3</p> <p>This was a new service proposed in the unapproved Waiver amendment application dated January 2024. This new service was not included in the renewal application. The purpose of this service was to ensure Waiver services are in place day one of the member's transition to the community from an institutional facility, and to assist in preventing institutionalization for members at risk.</p> <p>The amendment application permitted this service to be billed for 100 units or 25 hours.</p> <p>Individuals eligible for this service must live in (or be at risk of) a nursing facility, hospital, correctional facility, institution for Mental Disease or a combination of any of the three for at least six Months.</p> <p>Recommendation:</p>	<b>No Change.</b> Comment does not include policy recommendations for changes.

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**Public Comment Period: February 21, 2025, to March 22, 2025**

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		The Council recommends this service be included in the Renewal application. The State is seeing an unprecedented number of people inappropriately held in state psychiatric facilities, long after they are ready for discharge. This service could benefit those in getting out of and/or avoiding costly and inappropriate institutionalization.	
22	3/12/2025	At-Risk Case Management, C-1 and C-3 (p.55-58)  At Risk Case Management qualifications include a new provision for someone with 5 years of experience in the WV IDD Waiver field in lieu of a four-year degree in the human service field with restrictions. The restriction is the provider must be under the supervision of the case manager supervisor for 6-months.  Recommendation: The Council recommends including this change to give more experienced workers opportunities to become case managers. This would increase retention and give direct care workers a career ladder to seek promotion.	<b>No Change.</b> BMS will continue to evaluate the feasibility of including this service in a future amendment.
23	3/12/2025	Crisis Intervention Services, C-1 and C-3 (p. 80-84)  Crisis intervention services have increased from 1,344 units/336 hours to 17,280 units/4,320 hours.  Includes the provision for the service to be provided via secure electronic means.  Crisis services may be implemented immediately, for up to 72 hours, without prior authorization.	<b>Change.</b> The waiver application incorrectly states that Crisis Intervention Services cannot exceed 1,344 units per individual IPP year. This section will be corrected to reflect that individuals accessing Crisis Intervention Services may receive up to 17,280 units per calendar year.

**COMMENT LOG**  
**Intellectual and Developmental Disabilities Waiver (IDDW) Application**  
**Public Comment Period: February 21, 2025, to March 22, 2025**

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		The Council appreciates the Bureau making this critical change. We are hopeful this will positively impact those who are experiencing a crisis, especially those inappropriately placed in state psychiatric hospitals.	
24	3/12/2025	<p>Licensed Group Home Person Centered Support, C-1 and C-3 (p.103)</p> <p>This application continues to include the provision for, “Any person residing in a site serving more than four people must have a transition plan created to move to a site that services no more than four people within a three-year period.” This provision was included in the 2020 waiver application. There is no information on the BMS website for prior waiver applications to determine how many years this provision has been in place.</p> <p>At a minimum it has been at least three to four years since this provision has been in place. How many licensed groups homes were there in 2020 and how many people are served? As of September 2023, how many licensed groups homes are in existence and how many people do they serve</p> <p>Is there an anticipated timeframe when there will no longer be licensed residential waiver setting that serve more than four people.  Recommendation:  The Council recommends the Bureau issue regular reports on the status of these residential settings.</p>	<b>No change.</b> Per CMS requirements, BMS has made public all reporting regarding the Statewide Transition Plan. BMS thanks you for your comment and will consider additional public reporting regarding the WV State-Wide Transition Plan as mandated by CMS.
25	3/12/2025	Base Budget Ranges, C-4 (p.155)	<b>Change.</b> The waiver application will be updated to reflect current Base Budget Settings. The

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		<p>Base budget ranges per setting and the maximum add-on to any member's base budget are not projected to change or increase from the previous 5-year waiver application. This is a concern due to the increase in the cost of living, inflation and the direct support workforce crisis.</p> <p>Recommendation: The Council recommends the Bureau evaluate how the base budget ranges to ensure they take into account changes in services and units proposed in this application.</p>	<p>revised Base Budget Settings document will also be published on the BMS IDDW website. Additional revisions were made to this section describing the previous budget rate methodology involving "stop gain" measure caps.</p>
26	3/12/2025	<p>Participant Direction, E-1 (p.155)</p> <p>The unapproved January Waiver Amendment application projected an increase in members engaging in Participant Directed Services. The current application identifies 2,352 members served through Participant Directed Services in Year 5. This would have equated to the projection of an additional 1,168 people accessing Participant Directed Services. The Waiver Renewal application does not reflect an increase to the number of people who will participate in participant directed services.</p> <p>Recommendation: The Council recommends the Bureau evaluate how the base budget ranges to ensure they take into account changes in services and units proposed in this application.</p>	<p><b>No change.</b> The base budgets were revised pursuant to the findings of the rate study commissioned by BMS. BMS will continue to evaluate the adequacy of the IDDW rate setting methodology and update the waiver application as needed.</p>
27	3/18/2025	<p>Appendix C</p> <p>Case Management, <b>page 56</b></p> <p>Last 2 bullets re: CM and HRC and CM and Futures Planning</p>	<p><b>No change.</b> Case managers have a central role in service coordination and facilitate all changes to the IPP. Because of this, CMs must attend Futures Planning sessions to help ensure that any modifications to the IPP are accurately documented and implemented. The case manager is the primary liaison between individuals, providers, and the broader system of</p>

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**Intellectual and Developmental Disabilities Waiver (IDDW) Application**  
**Public Comment Period: February 21, 2025, to March 22, 2025**

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		<p>This states that the CM is responsible for ensuring that the SPA HRC reviews the restrictive measures every 6 months. How is this to be done? Will the CM be adequately accomplishing this as long as the “every 6 month timeline for HRC review” is documented on the IPP?</p> <p>Rather than CMs being expected to attend Futures Planning sessions, can this be “may attend...”? Again, there are limitations on availability of time that the CM has, especially if they’re expected to travel to home visits monthly. The CM reimbursement rate does not cover all of the requirements proposed in this application.</p>	care, making their presence at these meetings essential.
28	3/18/2025	<p>Appendix C Participant Services C-1/C-3: Provider Specifications for Services</p> <p>Environmental Accessibility Adaptations, <b>pages 93-96</b></p> <p>This doesn’t appear to include the updated changes with EAA and the level of involvement with Palco and some changes to the CM role.</p>	<b>No change.</b> The waiver application language aligns with the current provider manual. BMS is aware that processes may have changed with the change in EVV vendor and may consider revising the waiver application in the future to conform with EVV vendor practices.
29	3/18/2025	<p>Appendix C</p> <p>Participant Services, In the Frequency of Verification Box on each section list below: <b>page 57</b> Case Management, <b>page 60</b> FBDH, <b>page 62 &amp; 63</b> HBPCS, <b>page 66 (x2)</b> In-Home Respite, <b>page 69</b> Prevocational Services, <b>page 72</b> SE,</p> <p><b>Page 80</b> BSP, <b>page 82</b> Crisis Intervention, <b>page 84</b> Crisis Site PCS, <b>page 87 &amp; 88</b> Dietary Therapy, <b>page 99 &amp; 100</b> Family PCS, <b>page 103</b> LGH PCS, <b>page 106 &amp; 107</b> Non-Medical Transportation, <b>page 109 &amp; 110</b> Occupational</p>	<b>Change.</b> The WV CARES system recently incorporated Office of Inspector General (OIG) checks into the “rap back” system. The “rap back” program provides continuous monitoring of criminal histories and issues alerts when there is a subsequent change in an individual’s criminal history. The waiver application will be revised to remove the monthly OIG check requirement throughout Appendix C.

**COMMENT LOG**  
**Intellectual and Developmental Disabilities Waiver (IDDW) Application**  
**Public Comment Period: February 21, 2025, to March 22, 2025**

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		<p>Therapy, <b>page 112 &amp; 113</b> Out-of-Home Respite, <b>page 116 (x2)</b> Physical Therapy, <b>page 119 &amp; 121</b> RN, <b>page 123</b> Skilled Nursing Medication Administration, <b>page 126 &amp; 127</b> Speech Therapy, <b>page 130 &amp; 131</b> ULGH PCS</p> <p>This states that the OIG (Federal office of the Inspector General) is to be checked monthly. On 6/6/2024 Waiver Conference call, it was stated that OIG requirement would be combined with the WV Cares check. WV Cares check is every 5 years.</p>	
<b>30</b>	3/18/2025	<p>C-1/c-3</p> <p>Skilled Nursing by LPN pg.118</p> <p>There is no option available to complete indirect tasks for individuals over 18 yrs. Of age and attending day services or residing in an ISS/GH facility. We were allowed with approval to access up to 240 units in the old manual</p>	<b>No change.</b> The list of nursing services in this section is not exhaustive. Any nursing services authorized and delivered must adhere to the WV Nurse Practice Act, including indirect nursing tasks.
<b>31</b>	3/18/2025	<p>H-1</p> <p>Systems Improvement pg. 240</p> <p>Application states that the IDDW agency is required to submit evidence to the UMC every other year to document continuing compliance with certification. Report must be signed by the Ex. Dir or Bd. Chair. Is this the Self Report that was discontinued?</p>	<b>No change.</b> The requirements for IDDW agencies to submit evidence of continuing compliance to the Utilization Management Contractor (UMC) every other year to maintain certification is consistent with current BMS practices and Chapter 513.
<b>32</b>	3/18/2025	<p>Appendix D: Participant-Centered Planning and Service Delivery</p> <p>D-1: Service Plan Development</p>	<b>Change.</b> The waiver application will be revised to state that the CM is responsible for compiling assessment and evaluation results, at least annually, for incorporation into the IPP. It is the responsibility of the CM to help ensure that assessments and evaluations are discussed during the IPP to address individual needs and

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		<p>b. The case manager will coordinate evaluations..." <b>page 165</b></p> <p>Evaluations listed to be coordinated by the CM include "significant medical, physical, therapy..." The CM is not the coordinator of these evaluations. In an NF setting, this is typically the parent. In a SFCH setting, this is typically the SFCP and guardian or HCS, if applicable. And in the ISS/GH setting, this is the Residential Manager or RN along with HCS or guardian. The CM does coordinate the annual functional assessment.</p>	incorporate recommendations into the plan of care.
33	3/22/2025	<p>Page 5: "Services are provided in community settings of the individual's choice and may include living with their family, in their own home, in foster care settings for individuals with intellectual and/or developmental disabilities or in smaller settings leased by the individual or in larger congregate settings of 4 or more (i.e. licensed group homes). Any site owned or leased by an IDDW provider or having more than 3 people living together must be licensed by the Office of Health Facility Licensure and Certification and meet all of the characteristics of an integrated setting as defined by the Centers for Medicare and Medicaid."</p> <p><b>Recommendation:</b></p> <p>DRWV recommends updating this language since a provider owned or leased site may consist of less than three people.</p>	<b>Change.</b> The waiver application will be updated to note that smaller group home settings may include one-to-three person homes.

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34	3/22/2025	Page 9: DRWV believes the Public Comment process is not inclusive and accessible for all members, families, and community stakeholders.	<b>No change.</b> The comment does not include an actionable recommendation.
35	3/22/2025	<p>Page 27: "In addition to the QIS, BMS also engages the Quality Improvement Advisory (QIA) Council to analyze information from individual problems, identify systemic deficiencies, and implement remediation activities. The QIA Council is the focal point of stakeholder input for the IDDW Program and plays an integral role in data analysis, trend identification, and the development and implementation of remediation strategies."</p> <p>DRWV agrees that the QIA Council has a significant role. However, the QIA Council needs BMS and the UMC to provide data and other important information that will allow the QIA Council to advise and assist BMS and UMC in program planning.</p>	<b>No change.</b> BMS and the (UMC) will continue to engage the Quality Improvement Advisory (QIA) Council and provide data and information necessary to analyze information from individual problems, identify systemic deficiencies, and implement remediation activities.
36	3/22/2025	Page 55: DRWV would like for home visits in all settings to be completed on a monthly face-to-face basis.	<b>No change.</b> Based on stakeholder feedback, home visits will continue to take place monthly for individuals residing in 24-hour settings and quarterly for individuals residing in a natural family home. Case Managers may choose to conduct in-person visits more frequently based upon individual needs and circumstances.
37	3/22/2025	Page 134: DRWV recommends strengthening the screening process by reinstating the Protective Services Record Check through the Bureau of Social Services.	<b>No Change.</b> The requirement to screen all direct-care staff through the DoHS Protective Services Record Check will be added to the IDDW policy manual once the registry is automated through the PATH system.
38	3/22/2025	Pages 86, 108, 114, and 125: (C-3) DRWV has concerns with the language, "These services are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization."	<b>No change.</b> This section describes the process by which youth may access certain waiver services that may also be available in the State plan. As stated in the waiver application, specialized therapies provided under the waiver



**COMMENT LOG**  
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**Public Comment Period: February 21, 2025, to March 22, 2025**

Comment Number	Date Received	Comment	Action
		Could BMS clarify this statement to make it more understandable and transparent? Could the clarification include the intent of how this will be implemented?	are for chronic conditions and maintenance whereas similar services provided under the State plan are typically short term and restorative.
39	3/22/2025	<p>Page 159: DRWV is concerned that provider owned or leased properties are not being disclosed, and members are at risk of exploitation. These situations create conflict and may serve to benefit a provider agency. DRWV would like to see clearer and stronger language related to disclosure and accountability.</p> <p>DRWV recommends including leased in the following language. "Provider-controlled settings include... (2) a member residing in a home that is owned or managed by a provider agency;"</p> <p>"A member or provider agency that chooses not to comply with the HCBS settings requirements risks losing services or enrollment as a provider agency." DRWV believes a provider agency that chooses not to comply with HCBS requirements should not be allowed to enroll rather than simply being at risk of losing enrollment.</p>	<b>No change.</b> BMS policies and processes regarding a non-compliant provider- controlled setting are described in WV's Statewide Transition Plan, approved by CMS in February 2023.
40	3/22/2025	<p>Pages 238-240: "A statewide representative sample of files is reviewed every other year. Files are reviewed by the UMC using the Quality and Utilization Review Tool."</p> <p>DRWV believes the sample size should be increased to reflect a more comprehensive review.</p>	<b>No change.</b> Depending on the service/activity being reviewed, a representative sample might be greater than 10%. The updated review tool and process will provide specific details regarding sampling methodologies, including the minimum number of documents to be reviewed and stratification of the sample (when applicable). The updated tool and process will be made available to the public via BMS' website.
41	3/22/2025	Page 74: DRWV recommends that the PDGS exclusionary list be made public.	<b>No change.</b> Although the list of restricted Participant-Directed Goods and Services (PDGS) is no longer included in the IDD Waiver application, the list is included in Chapter 513.

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			Including the list in the IDD Waiver Policy Manual rather than the waiver application allows BMS to update the list as needed without having to amend the waiver application.