COMMENT LOG

West Virginia Intellectual/Developmental Disabilities Waiver Application
Public Comment Period: September 20, 2023, to October 23, 2023

Comment Number	Date Received	Comment	Action
1	9/21/2023	I agree that the changes proposed concerning the services for IDDW be amended for the suggested allowances. The only one I disagree with is allowing BSP and RN services to be allowed via telehealth. I would like to follow up my previous email by stating the same applies to IPP meetings being held virtually. I would like to suggest making all assessments virtual rather than being held in person, unless requested. Many clients are school age, and they are pulled out of school to come sit in a room where information is being provided about them. Here are my reasons for the need for virtual assessments: • Clients miss school. They already struggle with lessons and assignments and daily schedules. This causes them to get behind on schoolwork. This also causes a change in their schedule, which can be upsetting to many. • Clients sometimes get upset when hearing their family talking about them. While they are there to participate, they often do not provide answers and someone else gives the answers. Behaviors often occur during and after the assessment is over. Several years ago, a client became upset and broke his iPad. While the assessment is approximately 2 hours, the parents can be left dealing with the behaviors for the rest of the day. • The rule currently is the client must attend at some point during the assessment. This means the parents must pick them up from school and bring them to the assessment. Most of the time there is not someone else to take them back to school while the assessment continues. This goes back to my first point that school is missed.	**No change**: Program members have the choice of receiving certain services via secure electronic means or in-person. Allowing Individual Program Plans (IPPs), Behavior Support Plans (BSPs), and RN services to be conducted electronically does not prevent these activities from being completed in person. Active members may also choose to have their Annual Functional Assessment conducted electronically. Initial Functional Assessments of new applicants will continue to be required to be completed in person.

		• Assessments are canceled less when conducted over the phone. If people are sick with a cold or a minor sickness, the assessment can still be held because germs aren't being spread. We have conducted the assessment over the phone for three years. My caseload has done well with this. Very few assessments were canceled. Parents like the ease of being able to conduct the assessment while not having to rearrange their loved one's entire day.	
2	9/21/23	I think the amendments being presented are all improvements for the IDD waiver program. I also would suggest adding an additional amendment to increase the mileage reimbursement rate back to the $.54 it was originally as the price of gasoline is much higher than when the rate was decreased.	**No change:** The Transportation-Miles rate for IDD Waiver corresponds with the mileage rate for Non-Emergency Medical Transportation (NEMT). The IDD Waiver mileage rate will be adjusted whenever the rate for NEMT increases or decreases.
3	9/22/23	I would like to keep the meetings over the phone. I do not mind meeting once every 3 months in person but every meeting in person is not something I want. There are so many sicknesses which it seems my daughter gets very easily. I could not tell you the number of times we had to reschedule meetings due to illness when we had to meet in person. Over the phone meeting eliminates the cancellation of so many meetings. Plus, we had to go somewhere at the last minute but were still able to have a meeting over the phone. My daughter sees a Dr out of town, and we were still able to do phone meetings without any problems. The phone meetings have been working so well I do not see why we should change it now. Please do not change things that work for us.	**Change:** Annual IPP meetings will be required to be held in-person, but the application has been updated to allow the option for other IPP meetings (quarterly, six-month and critical juncture, etc.) to be held via secure electronic means. Case Manager home visits with members that live with their families will continue to be required quarterly with telephone contacts during the in-between months.

4	9/25/23	Pay rates need to be more for respite. Door dash and pet sitters' apps pay more. I can't sell the idea that we are flexible. Kepro assessments are good by phone. The clients are far more comfortable and keep from requiring the team to rush. Once behaviors begin. Remember these questions provoke behaviors. The person giving the assessment isn't doing the assessing. What is the benefit?	**No change:** Respite and other IDDW service rates are currently being reviewed and recommended increases will be submitted to the legislature. If approved, the rate changes will go into effect on July 1, 2024. Annual Functional Assessments may be held electronically, with the exception of the Initial Functional Assessment of new applicants.
5	9/25/23	My son is on the IDD waiver I think we should be getting more money due to I do take care of my son it's not an easy job to do, while these other people work getting 15 to 16 an HR flipping burgers, taking take of special needs children we need more money thanks.	**No change:** BMS is currently conducting a rate study of IDD Waiver services, including Family Person-Centered Support and Personal Options Person-Centered Support. Recommended changes to the rates will require legislative approval.
6	9/26/23	Hi, I am fairly new to the program in itself for my son. I honestly had a lot of questions when we first started. I was always met with you get a budget and you just bill your hours and get paid to help you with your child on the daily. I didn't expect that I was surprised. What I thought was that there was more support within the program. As in more in home support etc. They say you can add services to your IPP that come out of the budget but things we have asked for are not available. Respite for instance, it must be in your home. Your best bet is a friend or any family member that has been trained. This causes a struggle in our family considering our family lives further away and is not available to provide respite and there are no providers through the agency. Plus, considering not everyone understands children with special needs we tend to keep close to home with not many friends. So that kind of puts a damper on that aspect we can't use the respite care because the resources are not there. Also, I would like to add that families with young children don't get to utilize the budget to its full extent. For instance, like My son his budget is only billed for myself his mother, the services and case management. He doesn't have anything else in his IPP that is billed for. With that being said the rest of the budget that is for our son is just going back into the pot and being recycled. I feel the budget should be able to get used to its full advantage for the child to	**No change:** In-Home Respite services may be provided both in the member's home and at public locations in the community. If Out-of-Home Respite is to be used, it must be provided in a licensed day facility or in a home certified Specialized Family Care home. There is no cost to certify the home. Unused Waiver dollars are not redistributed; the funds remain in the member's budget and may be used if there's a change in need during the member's service plan year. Each year, the member's budget is redetermined based upon the information provided during the annual functional assessment. Self-directing members may use a portion of their waiver budget to purchase Participant-Directed Goods and Services which is similar to the Family Support grants. This allows members greater flexibility in how they use their annual budget.

		succeed. This extra money should be able to be used for sports, camps, other things/resources to keep said child safe inside of the home. I know there is family support that families can reach out to, but that support isn't always available if the funds are not available. Why not use the minor child budget to its full extent considering a lot of it the budget doesn't tend to be utilized until they reach an adult age.	
7	9/26/23	Family Person Centered Supports Pg 100: I have commented for the past 3 manuals that the amount for FPCS under 18 is for a 366-day average, instead of a 365-day average: 5 hours per day average x 4 units per hour x 366 days= 7320. 7320 annual service limit / 4 units per hour / 365 days = 5.013698630136986 hours per day average. The service limit needs to be decreased to 7300 to match policy to be correct as written or give people over 18 the 366th 8-hour day. Also, consider the Day Habilitation combined 12- hour average limit to add another day of Day Program for the 366th day. If the 366th day is fixed, then the budgets need to reflect the extra day and it is not recommended to cut under 18 budgets if decreased to 365 days.	**Change:** The 7,320-unit limit on Family Person Centered Support (PCS) services for members under 18 years old will be reduced to 7,300 to be consistent with the average daily limits for other services. This will not impact the members' services or budget calculations.
8	9/26/23	For Dietary, Occupational, and Physical Therapies to be discontinued for people under 21 to access I/DD Waiver funds, there are going to be many people that will be discharged from their therapy providers for ongoing therapies. Provider agencies do not know how to bill through EPSDT, and do not trust that Medicaid benefits will cover the services over limits because the service is provided and paid for before they know if it is denied. Meaning, therapy providers will have paid their staff for service before they know if it is billed correctly through Medicaid. Also, they have therapist shortages like all direct care services, and they are discharging children and adults if they have ongoing therapies due to "not making progress with the services they can provide." So, they will discharge people if they cannot get services billed or need an opening for a short-term need, resulting in our vulnerable population going without ongoing therapies. This has	**No change:** Therapy services for members under the age of 21 will continue to be available through the IDDW program. The process for obtaining authorizations and claiming therapy services will be consistent for IDDW members of all ages but Gainwell will ensure the cost of therapy services for members that are under the age of 21 will be paid through the EPSDT program. The services are calculated against the budget, however, the combined dollar amount of therapies for members under the age of 21 are taken into consideration if additional services above the budget amount are needed. This will not limit the member from receiving additional necessary services.

		been observed across several providers in the Kanawha/Putnam area, so it is not case-by-case. My recommendation would be to have education to therapy providers on the steps to getting EPSDT started, so they do not give up on our population which is already happening.	
9	9/26/23	Out of Home Respite Pg 113: The site of the service only reads for Specialized Family Care Homes when the service description allows for used at licensed Day Habilitation sites. This was an error carried over from the last manual's update. General Respite Comment: The service limit needs to be increased back to 35 hours per week and budgets increased to allow for the purchase. No one still living in West Virginia wants a job for 17.5 hours per week at $9.88/hour. Lots of families are not getting Respite because it is not competitive with both the Traditional and Personal Options rates, which causes for disruptions of placement into more costly institutional settings.	**No Change:** The application correctly states that Personal Options Out-of-Home Respite can be provided only in a certified Specialized Family Care home. If a self-directing member chooses to receive Out-of-Home Respite in a licensed day habilitation site, the Case Manager will obtain the authorization for a traditional day habilitation agency. The Respite cap will remain 3,650 units annually but the rates for Respite services are included in the current rates study.
10	9/26/23	Skilled Nursing by a Licensed Practical Nurse: The wording for LPN was not changed to reflect the new Skilled Nursing Medication Administration direct event code, "Direct nursing care including medication/treatment administration." Also, it reads like LPN is all direct now with needing to be deducted from the total direct care services, even though it has some indirect areas listed as allowable nursing services: "Reviewing and verifying physician orders are current," etc. It reads like sections were taken out for indirect LPN discussion with no cohesiveness of the good changes with the separate direct code for the new Skilled Nursing Medication Administration direct event code.	**Change:** Medication administration has been removed from Skilled Nursing-LPN service description. The new service, Skilled Nursing Medication Administration will be an event code and will not be included in the unit cap for nursing services.

11	9/27/23	Mileage reimbursement should be for all miles not everyone has family in WV and travel outside WV.	**No change:** IDD Waiver transportation must be related to a specific activity or service that is based on the member's assessed needs as identified on the Annual Functional Assessment and documented in the Individual Program Plan (IPP). IDD Waiver transportation is not to be billed for family trips to visit relatives, regardless of whether they live in or out of state.
12	9/27/23	Caretakers should be paid from 9-5 and be able to get 40 hrs. a week with a higher pay scale. The economy is horrible it's time to take care of these families.	**No change:** The current cap for Family Person Centered Support (PCS) services for members over 18 years old is 56 hours per week and under 18 years old is 35 hours per week. IDD Waiver cannot be billed concurrently with other state programs including public education/home schooling. BMS is currently conducting a rate study of IDD Waiver services including Family Person-Centered Support and Personal Options Person-Centered Support. Recommended rate changes require legislative approval.
13	9/27/23	Should be able to get answers when needed and not get the run around, many times we call for questions and nobody has answers and struggle to find or never get an answer.	**No change:** The Utilization Management Contractor (UMC) has a Member/Family Liaison that provides information and assistance to IDD Waiver members and their families. The Liaison may be contacted at 304-343-9663. Information and resources, including IDD Waiver policy clarification is available on BMS' website: https://dhhr.wv.gov/bms/Programs/WaiverPrograms/IDDW/Documents/IDD%20Forms/IDD%20Waiver%20Policy%20Clarifications%20(FAQs)%2011.2.23_FINAL.pdf Questions may also be submitted to the IDD Waiver Program Manager: Stacy Broce stacy.m.broce@wv.gov or 304-352-4216
14	9/27/23	My adult son participates in the IDD Waiver program, and it has absolutely and positively changed his life. I'm writing today to say that I appreciate the proposed change "Allowing Telehealth for Behavior Support Professional and RN Services." This change is	**No change:** Under the amended IDD Waiver application, active program members, their families and guardians may choose to participate in the annual Functional Assessment electronically or in person.

		valuable to consumers in numerous ways, but I want to specifically highlight the usefulness of doing annual assessments by phone. Using the phone for assessments has removed several barriers for my son as a participant, as well as for me as a mother, guardian, and direct service provider. It allows the long and daunting assessment to be completed in a location that is comfortable for my son. This, in turn, allows both him and me to focus on the questions. It also allows me to include more people in the assessment, which is beneficial in gaining a broad view of my son's abilities and challenges. The services have helped our family in huge ways. Thank you. As far as the process goes, having the annual assessment over the phone helps avoid some uncomfortable situations with one of my sons. I hope the phone assessment can continue.	
15	9/28/23	In the IDD Waiver Application, it specifies that home visits and some IDT meetings may be held via "secure electronic means." Can we have clarification on what secure electronic means include? Can this be a phone call, or must it be some sort of video/virtual meeting on a secure server?	**No change:** Secure electronic means does include telephone, and this will be addressed more specifically in the updated IDD Waiver Policy Manual.
16	9/29/23	a. Page 99- Family as the paid caregiver- will an agency hire the family caregiver to ensure appropriateness of services (e.g., drug screening, training, etc.)?	a. **No change:** All family caregivers that bill for IDD Waiver services must have an acceptable criminal background check through West Virginia Clearance for Access: Registry and Employment Screening (WVCARES) and complete required initial/annual training. Traditional agencies and members who self-direct services may choose to have their workers drug screened.
17	9/29/23	Page 94/95 mentions home modifications and vehicle services- am I reading this correctly, that these are covered benefits? If yes, will WV have an approved vendor list for the health plan to use?	**No change:** Home and vehicle modifications to increase accessibility for the member may be obtained through the Environmental Accessibility Adaptation (EAA) services. BMS does not restrict vendors to an approved list. Requests for EAA Home and/or Vehicle are reviewed/approved on a case-by-case basis.

18	9/29/23	Non-Medical Transportation Pg 106: "Trips to training activities must be to the closest location possible that can meet the training goal on the IPP." This has been in past manuals and was taken out because of the difficulty to police the billing for services and their locations. Also, if the service can be turned into hours using the Personal Options self-directed version of the service, is it even necessary to specify this limitation again? Also, a lot of parents have to drive to more populated areas for exposure to more than one location that the training objectives can be provided, such as one store to shop in town, in order for the person to learn generalization of skills instead of memorizing what to do at the one store in town. There are other reasons that I hope people respond to once they see this, but probably not because it was not included in the summary of the changes made. Leave it the way it was.	**Change:** The statement regarding training activities has been removed.
19	10/3/23	One of the things I noticed on the recent IDDW application changes up for comment was the change to allow experience in lieu of a human services degree for case managers. I think this will be a valuable help to not only secure more case managers in a field where turnover is very frequent it seems, but to give opportunities for future employment to people like me where this has been something that has prevented me from pursuing this career, despite having plenty of experience that many with a human services degree don't even have. I was a former Birth to Three service coordinator which is a very similar role to the Case Manager in IDDW. I was a good service coordinator (my boss and families could vouch for that) who loved my job and working with families in the special needs community. I did this job for 6 years until the Covid pandemic led me to seek employment in an office setting so that my income was steadier. I now work as the communications secretary for our local board of education in Cabell County. But my heart is still in case management. But me only having an associate degree in legal assisting has held me back from being a case manager on IDDW or CSEDW. Instead, I have	**No change:** Regarding the suggestion to expand experience in lieu of degree for Case Managers in other programs, this will be considered in upcoming amendments to the ADW and TBI Waivers.

		taken on a part time role as a peer parent support with CSEDW so that I am at least working with families again in some capacity. I wanted to say that if this change does go through, that it should also be expanded to include the other waivers in West Virginia. Those of us with special needs children, who are single parents working both a full and part time job, have no time to go back to college in many cases to earn that 4-year degree that would give us the job in the field we love. This will expand opportunities for many people. I think this would be a great change to make.	
20	10/3/23	Appendix I: Financial Accountability I-2: Rates, Billing and Claims (1 of 3) Rate Determination Methods: This appears to be a typo, "The state of West Virginia does not use a formula to base increase for inflation, and at this time does not anticipate rate increases." The Director of BMS Randy Hill has been asked to raise rates for HCPCS Level II services through the COVID Epidemic for long-term changes, recommended increased rates from failing quality in services to BMS through the QIA Council recommendations, begged from providers continuously needing to incentivize the workforce to work with our most vulnerable population, and the discussion in monthly stakeholder meetings was to look at the Bureau of Labor statistics to remain competitive to bordering states to get quality staffs. Yet, PPL's monopolized Fiscal Management Contract and Acentra/CNSI/Kepro/APSHealthcare's UMC Contract funds to do past-BMS functions that were the role of state government do not have to be taken from the Medicaid rates of services billed to cover the professional staffs required to manage one of the most complex healthcare/supervision systems in West Virginia to work with our most vulnerable population. Also, the rates are documented as having not increased since 2006, which was the Great Recession, the worst financial crisis in the country save for now, yet 2 staff working all the shifts at a 24-hour site is not a trigger for inflation consideration. So, this has to be a typo, and I am glad to point it out.	**Change:** BMS is currently conducting a rates study and if the recommended rate increases are approved by the West Virginia legislature, the IDD Waiver application will be amended to reflect the new rates and the new rate-setting methodology which is expected to include an annual inflation factor.

21	10/3/24	For G&S, why should the list of nonqualified items be maintained by BMS and not be a part of Appendix C. Seems like, at least, there should be a link to the list so families would know what to not waste their time on.	**No change:** Although the list of restricted Participant-Directed Goods and Services (PDGS) items has been removed from the IDD Waiver application, it will be included in the IDD Waiver Policy Manual. This will allow the list to be updated as needed without having to amend the waiver application.
22		Provide flexibility in hourly rate for PCS and Respite. Not asking for more budget, just more flexibility - I need to be able to double the current rates to obtain services from anybody decently qualified.	**No change:** The Personal Options caregivers' hourly wages are determined by the self-directing program member or their representative but cannot exceed the Medicaid rate for the service. The Personal Options service rates are included in the current rates study and recommended rate changes will go into effect July 1, 2024, pending legislative approval.
23	10/4/23	Appendix J: Cost Neutrality Demonstration, J-2: Derivation of Estimates: Some of the information seems to inflate the cost for services for some areas and underestimate cost for others. • Year 1: Service Coordination T1016 HI- The unit service was discontinued effective 4/1/2021 (2 years ago) and cannot be billed per BMS directives. It is "0" in Year 2-5 which is accurate, but it looks like the amount estimated is $3,591,293 more from Year 1 to Year 2, when the total number of Users estimated is 150 more, 5,964 to 6,114. Doing easy math, 150 more clients x 12 events x $225 average = $405,000. The 2021 Amendment did not have Service Coordination T1016 HI, so it makes no sense to put it back in the estimates to CMS. Year 1 should be the same estimate throughout the application estimates to not appear to underestimate the Year 1 cost estimate with the rates staying the same through the 5 years, but also not look like more funds are going to be provided in Years 2-5 for Case Management, when the professional service is underfunded presently to compete with other human services fields. • Years 1-5: Home-Based Agency PCS S5125 U9 is not a code in the current policy manual and is $0.01-more average cost than Home-Based Agency PCS S5125 U8. There was talk prior to	**No change**: The current IDD Waiver application is approved for five years: July 2020 to June 2025. Appendix J reflects the projected costs of services for each of the five years in the approved waiver application. Over the course of the five-year period, the application may be amended to add or change services—i.e., Service Coordination was replaced by Case Management in year two. Temporary rate increases during the COVID pandemic that were funded through the American Rescue Plan Act (ARPA) are not included in the Appendix J rates. BMS' finance unit will review comments regarding Appendix J projections and make any needed corrections.

		4/1/2021 to do a Personal Options code for Home-Based PCS, and that code was announced as $0.01 more and named S5125 UA UK. The code merged in policy with PCS Personal Options as one service with no requirements for live-in or non-live-in to make it easier for PPL to monitor and not have to follow Traditional policies. The modifier U9 is used for 1:3 codes usually and it doesn't follow any of the other natural family PCS services without a 1:3 code. And 1:3 codes usually cost less than the 1:2 code. There is no discussion in the changes for services that there is going to be a new HBPCS Agency (Traditional) 1:3 code. This inflates the estimated cost of HBPCS by $0.01 for each unit from what is going to actually be paid out, which inflates the estimated cost over 5 years by $61,795. It is not clear if this is a new service or an error from not changing the application accurately from the intended 4/2021 waiver amendment to have Home-Based Person-Centered Supports Personal Options that was merged with PCS Personal Options in the manual. It would be more accurate if this was an error from the amendment copied and pasted to the new application to be merged with the estimate for HBPCS Agency 1:2 Traditional to put the utilization estimates with the $0.01 cheaper HBPCS 1:2 code. Or, if this is to reflect the Home-Based Person-Centered Supports Personal Options continuing, then correct the name from "Home-Based Agency PCS" and change it back to the amendment service name that no one can purchase services for. • Years 1-5: Environmental Adaptations' units are listed as both an "event" and "each" randomly. Based on the units for Participant Directed Goods and Services, which shares the service limit for $1,000, I would say that the units should match for all three funding sources as "each". Also, events and each would be incompatible to share a limit. The events would be useless at $1 per event, as the service description in the application says only one project can be approved per request for the lifetime of the member on the program. Also, the $1,000 limit covers very little	

		with the exclusions list and current costs for adaptations, such as vehicle lifts or building ramps. The estimate that 41 participants/ year out of 6,000+ estimated would use it each year should be accurate, because it cannot be used by people that have low-income or cannot afford to pay the difference after $1,000. • Years 1-5: Non-Medical Transportation starts at $0.42 per mile and $8.31 per trip in Year 1, when we currently are at $0.50 per mile and $9.89 per trip. That reads like a decrease, but also could be a copy and paste error from the addendum to the application in 4/2021. In the Rates Determination Methods pg. 248, the application reads, "Mileage reimbursement is based on the approved mileage rate as published by the West Virginia Division of Purchasing, Travel Management Office." For awareness, the agency's website is West Virginia Purchasing Division (state.wv.us) and the current rate is (copied from their website): Effective 1-Jan-23. • Years 1-5: Speech Therapy units are listed as both an "event" and "15 minutes" in no logical pattern and look like errors. The service description says 1 unit = 1 event. • Years 1-5: For awareness, Unlicensed Residential Person-Centered Support is currently $5.72 per unit. The application starts in Year 1 with an average cost of $5.44/unit. The units were at $5.45/unit 4/1/2021 through 4/1/2022 when they went up to $5.72/unit. $5.72/unit was the ongoing rate, not the Temp. Rate Increase (ending 4.1.22-as specified under Appendix K). Decreasing the rate per unit for URPCS, if intended, would risk many people to be institutionalized. My agency does CM for 24-hour service providers, and many are having staffing issues even with state/federal incentives for coming to shifts and increased COVID rates with attestations required by the DHHR at the time that the extra would go to staff retention. If this is an intended projection through the 5 years (decrease the rate back to $5.44/unit Year 1 of the manual), then the rate would not	

		increase in cost/unit with adjusted for inflationary increases based historical periods to match current rates until Year 4.	
24	10/5/23	I do not believe that the qualifications for a Case Manager should be just experience. It should require a degree in a Human Services-related field.	**No change:** A Case Manager that does not have a Human Services degree that meets the proposed experience requirements must also complete the Conflict-Free Case Management training and be supervised by a qualified Case Manager. Agencies may choose to require all of their Case Managers to have a Human Services degree. Any Case Manager that is not performing their work satisfactorily may be reported to the Utilization Management Contractor (UMC).
25	10/5/2023	I would suggest all annual assessments at the least be given the opportunity to remain virtual if desired as the ability to try to cover the entire state would lead to burnout and rigid scheduling that ultimately would affect the clients themselves. If the rigid scheduling leads to only having one spot open that ultimately may not allow for some respondents to appear due to other commitments resulting in having the minimum to have the assessment; however, the minimum requirement is never the best practice.	**No change:** Annual Functional Assessments may be held electronically, except for the Initial Functional Assessment for new applicants which is required to be completed in-person.
26	10/5/23	I would also suggest there be at least some concessions on BSP I and RN being able to hold trainings virtually, there will be certain settings where some staff have worked with some clients for months if not even years can be allowed a training that does not require face to face trainings and as the professionals who have to signed our names and credentials if we feel comfortable training virtually professionals should be granted the ability to make the determination about what's effective for training with the caveat of review ultimately being able ensure it from the other side.	**No change:** BSPs and RNs will be allowed to provide certain trainings electronically. Specific details and limitations will be addressed in the IDD Waiver policy manual.
27	10/8/23	As a caregiver of a child on the IDD waiver, I would like to request additional resources be included as line items for coverage. While it states "Resources include but are not limited to" on page 64, we have	**No change:** Program members that self-direct their services through the Personal Options service delivery model may request Participant-Directed Goods and

		struggled to get certain resources covered as they are not specifically requested. I would love to see music therapy and equine therapy specifically listed as line items so my child could be covered for these resources. We currently have to pay out of pocket for these resources and they are extremely beneficial (more so than occupational therapy and speech therapy for my child!). As children with IDD diagnoses are often very musical, music therapy is a wonderful resource to capture their interest and allow them to engage in beneficial therapeutic play to reach milestones, engage socially with peers, address fine and gross motor skills, and communicate via a variety of modalities.	Services (PDGS) which can be used for music and equine therapies. BMS will research options for making these therapies available to members that choose the traditional service delivery model.
28	10/11/23	Services are not available in the northern panhandle. My daughter needs both Speech Therapy and Occupational or Physical Therapy. THERE are NO Providers in Brooke, Hancock, or Ohio Counties. She was receiving services from Easter Seals until the provider passed away, she was never replaced.	**No change:** Members living in border counties may access therapy services in neighboring states within 30 miles of the border. Therapy providers must be enrolled with WV Medicaid. When travelling outside of Brooke, Hancock, or Ohio counties to access therapy services from a WV provider, Non-Emergency Medical Transportation (NEMT) may be used to cover travel costs.
29	10/11/23	Transportation services are being denied by the agency. A complaint was supposedly filed with the agency that my wife was not driving all the time, they are now refusing to pay her mileage. Mileage should be paid regardless of who drives the vehicle for services for my daughter. Her individualized program includes transportation. My wife is usually driving; however, she is always with her and communicating with her on these outings.	**No change:** IDD Waiver Non-Medical Transportation is available to all IDD members. To bill for transportation services, the driver of the vehicle must meet required qualifications including a criminal background check and required training—i.e., CPR and First Aid.
30	10/12/23	Since I run one of the two CRUs in the state, I have an issue with the Crisis site services. The requirement of asking for more than 12 hours of 1:1 services should not have to be approved by BMS. The staffing should be based on the needs of the person as determined by the people running the CRU on a day-to-day basis. At times we may only have one person and then what are we to do?	**Change:** The requirement for BMS approval of more than 12 hours per day of 1:1 service for Crisis Site Service/CRU settings has been removed.

31	10/12/23	BSP's having to be certified by APBS is ridiculous. People who went through an approved class to be certified should not have to prove to anyone else that they know what they are doing. This to me is too much red tape and does not help the people we serve in any way. Agencies have a hard enough time to find people to be BSP's now you're making it even harder to fill those spots.	**Change:** BMS will continue with the current professional qualifications and service specifications for BSP I and BSP II as outlined in the existing WV IDD Waiver Policy Manual. As West Virginia develops a stronger network of qualified professionals, the proposed changes to BSP qualifications will be reconsidered.
32	10/17/23	For Personal Options – Person Centered Supports is still referred to as Family Person Centered Supports. "Family" was dropped some time ago by BMS, since there is no requirement in Personal Options PCS for the provider to be family.	**Change:** The application has been updated to clarify that Person-Centered Support-Personal Options may be provided by non-family members.
33	10/17/23	Page 3. Can the requirement for distribution of the IPP to Participant Directed Service Option Providers be removed? They never attend these meetings. They never look at the IPPs. They have access to the Annual IPP in the CC, correct? Page 60.	**No change:** The Personal Options Vendor's Resource Consultants are not a part of the IDT, and therefore, are not required to receive a copy of the IPP. The self-directing member and/or their representative would receive a copy of the IPP as they are a part of the IDT.
34	10/17/23	On page 56, we recommend Pre-Transition Case Management be assigned to a Case Management Agency covering the area containing the institution where the member is currently residing.	**No change:** The new At-Risk Case Management service will be provided by the member's existing Case Manager.
35	10/17/23	On page 57, please clarify and provide examples of what is acceptable as five years of experience in the WV IDD Waiver field (i.e., direct care worker, specialized family care provider, respite provider, etc.)	**No change:** Direct care experience (paid and natural support) may be used to meet the experience requirements for a Case Manager. Additional details will be provided in the updated IDD Waiver Policy Manual.
36	10/17/23	Page 57 indicates a Case Manager without a four-year degree must have Clinical Supervision that involves reviews of "clinical activities". Please clarify or provide examples of what clinical activities are being referenced.	**No change:** Clinical supervision includes observation, review of documentation, performance evaluation, etc. Additional details will be provided in the updated IDD Waiver Policy Manual.

37	10/17/23	On pages 79-82, if a member's needs are identified as requiring BSP II services (based on behavioral needs) are all BSP services provided to the member under the BSP II service code (including habitation needs) or do, they have to switch from BSP I and BSP II service codes based on the task being completed?	**Change:** Proposed changes to **t**he qualifications and service specifications for BSP I and BSP II will be postponed until West Virginia develops a stronger network of qualified professionals.
38	10/17/23	Page 112 indicates Out-of-Home Respite direct support professionals must use EVV. We recommend they be excluded from using EVV, as they are now.	**Change:** This was an oversight and has been removed.
39	10/17/23	Page 138 indicates Relative/legal guardians may be paid for providing Waiver services were qualified under Appendix C-1/C-3. In these cases, we recommend waiving the requirement to include a court order approving their payment in the consumer's file.	**No change:** House Bill 2885 requires the court's approval for Waiver payments to be made to legal guardians.
40	10/17/23	On page 166, do all minimum required IDT members have to participate face-to-face or are some members permitted to participate via a secure electronic means?	**Change:** Annual IPP meetings will be required to be held in-person, but the application has been updated to allow the option for other IPP meetings (quarterly, six-month and critical juncture, etc.) to be held via secure electronic means.
41	10/20/23	We are very concerned there is no process for direct service provider to quickly resolve problems obtaining authorizations through independent case managers. When authorizations are not obtained timely direct service providers must either (a) continue providing the services and risk losses if authorizations are not obtained, (b) incur additional administrative costs to continually follow up (and in some cases train) struggling case managers who are not even their employees, and/or (c) cease providing services to the member until authorization is obtained. Please develop a clear and timely process for BMS to resolve these authorization problems.	**No change:** Conflict-Free Case Management is a CMS requirement therefore it must remain in the waiver application. BMS is researching options for authorizing mandatory services for members living in 24-hour residential settings to ensure services are authorized before the members' anchor dates.

42	10/20/23	Re: Secure Electronic Means: Will the manual expand on the definition of "secure electronic means?" Will it be defined as only facilitation via Zoom, Teams, etc. or will phone be included in the definition?	**No change:** Details and limitations regarding secure electronic means will be provided in the updated IDD Waiver Policy Manual.
43	10/20/23	Re: ASD eligibility requirements: a. How will the removal for ASD level 1 and 2 impact current members with those diagnoses? Will their re-determination be denied? If a current member or applicant has another qualifying diagnosis, can eligibility be determined based on that diagnosis?	**No change:** Eligibility requirements are not changing. Autism will continue to be an eligible related condition. The language regarding Autism severity was updated to reflect the levels outlined in the DSM-V-TR.
44	10/20/23	Re: BSP I and BSP II: a. Can both BSP I and BSP II be billed for one member based on the task? For example, monitor of training goals would be billed as BSP I and monitor of PBS Plan data would be billed as BSP II? Or if a member is assessed at the BSP II level, will all BSP services provided to the member be billed as BSP II? b. Will there be a cost associated with the endorsement? If so, who will be responsible for covering the cost? Will the endorsement be a remote course or in person course? c. Will the current BSP certification process via APBS approved curriculum continue to be required in addition to the endorsement?	**Change:** BMS will continue with the current professional qualifications and service specifications for BSP I and BSP II as outlined in the existing WV IDD Waiver Policy Manual. As West Virginia develops a stronger network of qualified professionals, BMS will reconsider implementing the proposed changes to BSP qualifications and services.
45	10/20/23	Re: Transport Requirements: a. Do not see vehicle inspections listed. Currently, we have to verify a current/updated vehicle inspection annually. Will this no longer be a requirement or is this an oversight?	**No Change**: The requirement to verify the vehicle inspection has been removed from the qualifications for Transportation-Miles services.
46	10/20/23	Re: At Risk Case Management: a. What would be the eligibility requirements for a non-Ben H slot member to be considered at risk for institutionalization and be able to receive this service? b. Will this service be accessible to on hold members? c. Can At Risk Case Management and traditional Case Management both be billed for a member?	**No change:** At-Risk Case Management will be available to eligible applicants on the waitlist and active program members, including those on hold. Active members will be able to receive both services concurrently, with prior authorization. Additional details and limitations regarding the At-Risk Case Management service will be provided in the IDD Waiver Policy Manual.

47	10/23/23	Re: Participant Directed Goods and Services Exclusions List: Will the BMS-maintained list be made available to all at regular intervals?	**No change:** The list of non-qualified items will be included in the IDD Waiver Policy Manual. Not including the list in the waiver application will allow the list to be updated as needed without having to amend the waiver application.
48	10/23/23	APPENDIX B: PARTICIPANT ACCESS AND ELIGIBILITY: Removing the diagnosis of Autism from access and eligibility is concerning. Individuals who have a diagnosis of autism, irrespective of the level, require lifelong support, and in many cases require substantial support. There is no mandate for adult services for individuals with developmental disabilities, including autism. Without the possibility of IDDW for individuals who have a diagnosis of Level II or Level III, there are no resources. What about individuals who currently have a diagnosis of autism and have been receiving IDDW services? Are they at risk of being terminated from the IDDW program?	**No change:** Eligibility requirements are not changing. Autism will continue to be an eligible related condition. The language regarding Autism severity was simply updated to reflect the levels now outlined in the DSM-V-TR. This will not impact the eligibility redeterminations of active members with a qualifying diagnosis of autism.
49	10/23/23	APPENDIX C: PARTICIPANT SERVICES: The elimination of the requirement for a college degree does have an impact on the morale of the CMs. The CM role is essential and increases in complexity as the IDDW program continues to expand, and now with the CFCM mandate. While I understand that the intent of this change could increase the candidate pool, I believe a higher reimbursement rate that would allow an increase in salary would better address this issue.	**No change:** Case Management agencies will have the choice of employing degreed or non-degreed Case Managers. Non-degreed Case Managers with required experience in the IDD Waiver program must complete the Conflict Free Case Management training and work under the supervision of a qualified Case Manager. The rates for Case Management services are included in the current rates study.
50	10/23/23	IPP development timelines: How is every 6 months determined? For example, if a member's anchor date is 12/1 and the annual IPP is held on 11/3, is the 6-month IPP due on or before 6/1 or 5/3? How does this work with the OHFLAC requirement of holding a meeting at least every 180 calendar days?	**No change:** Six months is determined based upon the month the IPP meeting was held. If a program member with a 12/1 anchor date has their IPP meeting on 11/3, the six-month IPP must be held during the month of May. The UMC will continue to process DD12 requests related to the 180-day rule if the time between two meetings falls outside of the six-month timespan (i.e., if the meeting must be held in April as opposed to May).

51	10/23/23	The language about the CM being "responsible for the development of the Crisis Plan" is confusing in that the IDT must develop the plan. This is cited if there isn't documentation to show that the IDT developed the plan. Even with the "NOTE" that input from the IDT is required, please consider rewriting that the "IDT is responsible for the development of the Crisis Plan and the CM is responsible to ensure the plan is documented" or something similar. Many, if not most, IDTs don't offer input and this note doesn't appear strong enough to encourage that considering that it's still the CM being "responsible for the development". It will be most helpful to have a standard form for the Crisis Plan and instruction or questions to answer.	**Change:** The bulleted item has been updated to reflect "Crisis Plan Development." Additional details and limitations related to IPP development – including crisis plans - will be addressed in the updated IDD Waiver Policy Manual and the DD-5 (Individual Program Plan) will be updated to include the crisis plan template.
52	10/23/23	Define "secure electronic means". Can this continue to include over the phone? "This service may be provided via secure electronic means" Please define this more clearly how this can be possible, especially when there are staff to member ratios.	**No change:** Secure electronic means does include telephone as a service delivery method. Specifications and limitations for secure electronic services will be addressed in the updated IDD Waiver Policy Manual.
53	10/23/23	CM Requirements to include the option of "Five years' experience in the WV IDDW field in lieu of a four-year degree in the human services field" What defines the experience? Is non-direct experience acceptable? Can it be administrative? Can it be five years working in ABA that's funded by Medicaid or private insurance and/or in an ICF/IID? What are the specific supervisory requirements?	**No change:** Examples of experience for Case Managers will be addressed in the updated IDD Waiver Policy Manual and will include professional and non-professional experience. Examples of clinical supervision for Case Managers will also be addressed and will include documentation, observation, etc.
54	10/23/23	Consider exceeding annual service caps by the daily average for direct care services accessed by NF when there are 366 days in the calendar year as long as assigned/approved budget is not exceeded?	**No change:** The current combined service cap for direct-care services will remain in effect. Allowing the caps to be exceeded when the member's budget is not exceeded will be considered in a future amendment.
55	10/23/23	Why not just collapse the service code and make one BSP? If both are required to be APBS endorsed, this makes more sense and will streamline the purchase of the service and lower the amount of modification requests. Additionally, past Waiver manuals have attempted this same concept, and it hasn't worked out. We used to bill QMRP 1 and QMRP 2. In	**Change:** BMS will continue with the current professional qualifications and service specifications for BSPI and BSP II as outlined in the existing WV IDD Waiver Policy Manual. As West Virginia develops a stronger network of qualified professionals, BMS will reconsider

		another manual, we had a code for therapeutic consultant, and we had a code for behavior support. In both of these past manuals, providers faced pay backs because of the confusion of what is skills training and what is behavior. For example, a client communicating is both a skill and a behavior. Teachings skills is one of the key components of positive behavior support, so why would we have to bill a lower code. Separating BSP according to task creates a cumbersome and unmanageable task for BSPs. Providers will suffer because in KEPRO reviews, BSP billing is always a very scrutinized service. The notes will get picked apart (you should have billed this code and not this code). This equates to more administrative time and adds additional costs to providers. Why not have one code, everyone gets endorsed, and there be one reimbursement amount for the code. All client services continue to have to fit within the client budget, so it would not cost the state more money by having just one reimbursement rate for BSP.	implementing the proposed changes to BSP qualifications and services.
56	10/23/23	Consider increasing the annual service cap for G&S/EAA. In many cases, adaptive equipment, medical supplies, home/vehicle modifications cost more than 1K. Most members in need of this service have adequate funds remaining in the assigned/approved budget to cover an increased service cap.	**No change:** The cap on Participant-Directed Goods and Services and Environment Accessibility Adaptation services will be reconsidered in a future amendment to the waiver application.
57	10/23/23	If this service is being used, please consider providing a training or presentation at a Quarterly Waiver Provider Meeting. Is this service being used by any provider? While recognizing the potential benefit, if it isn't being accessed, consider removing this option if it would allow more room to increase service codes.	**No change:** Although not widely utilized, Electronic Monitoring services are currently used by program members throughout the state. Training on this service will be offered during a future Quarterly Provider Meeting.
58	10/23/23	Some of the language seems dated, such as item b on page 168 that the case manager is to coordinate evaluations. The Case Manager can ensure that any evaluations provided are discussed/reviewed by the	**Change:** Language has been updated to state, "The Case Manager will summarize assessment and evaluation results, at least annually, for incorporation into the IPP. The Case Manager will ensure assessments and

		team. But the Case Manager does not coordinate medical, therapist, BSP or QOL evaluations.	evaluations are discussed during IPP meetings to address needs and incorporate recommendations."
59	10/23/23	On page 170, please address the timelines for IPPs concerning if OHFLAC recognizes the definition calendar month, which in some cases could exceed 180 days.	**No change:** IPP meetings must be held at least once every six months. If a program member with a 12/1 anchor date has their meeting on 11/3, the six-month IPP must be held during the month of May. The UMC will continue to process DD12 requests as needed to comply with OHFLAC's 180-day rule.
60	10/23/23	Page 170, e. Risk Assessment and Mitigation: Please consider a standard form for the Crisis Plan.	**No change:** A crisis plan template will be included in the updated DD-5 (Individual Program Plan).
61	10/23/23	Rates: Service Coordination and Case Management are both used.	**Change:** Thank you for your feedback. This was an oversight and has been corrected.
62	10/23/23	Rates: There are no changes in rates noted.	**No change:** The rate tables and methodology will be updated in 2024 upon completion of the current rates study.
63	10/23/23	IPP Document Acentra had distributed a proposed DD5 that addressed many concerns and seemed to reduce duplicative issues. Can this be revisited/circulated for additional input? I think the Crisis Plan had been part of this and that is a positive change.	**No change:** The draft IPP document will be sent to providers once the application is approved and any changes to policy are made.
64	10/23/23	For staff requirements, agency staff must have CPR/First Aid and meet OHFLAC requirements, is this all staff, including admin staff?	**No change:** This requirement applies to all agency staff having direct contact with members.
65	10/23/23	Transportation: The inspection sticker is not included for agency staff – is this new?	**Change:** Thank you for your feedback. This was an oversight and has been corrected

66	10/24/23	a. I think that the CM while they are trying to be placed is important to have because for many years now, the CM agency doesn't get paid for services provided. I would like BMS to reconsider the 14-day due date on IPP's. With the difficulty in hiring/keeping Case Managers, it seems like the 30-day due date would be more appropriate.	a. **No change:** The 14-day timeline to complete/distribute the IPP will remain in effect.
67	10/24/23	I did notice in the application that it says that anyone not in a 4-person License Group Home will have to transition to another home where there are only 4 individuals. We have 7 in our group homes so does that mean they can't stay in the home they have been in for 15-25 years? That is a huge concern because if that is the case, then we would not be able to provide that service. We are in the Eastern Panhandle and have already had 2 large agencies pull out of this area. That would mean that we would have even less accessibility to residential placement. Right now, that is an issue as is.	**Change:** The application has been updated to allow existing licensed group homes with more than four beds to remain in operation.
68	10/24/23	I also like that Licensed Day hab could provide some Out of Home Respite to families that need it.	**No change:** Thank you for your feedback. Out-of-Home Respite provided in Licensed Facility Based Day Habilitation settings is available under the current policy and will continue to remain available.
69	10/24/23	If they choose electronic and do not do well? How will this be regulated? Concerned about the use of "via secure electronic means" because MFCU told us during the Quarterly Provider Meeting (QPM) in Sept. that a cell phone was not secure. I like that it gives options for in person or secure electronic means. definition of secure electronic means will be helpful in finalized policy manual.	**No change:** The decision to provide BSP or nursing services electronically will depend on the specific activities being performed and should be made by the member's team. Following the QPM, the MFCU determined that telehealth services are allowed to be provided via cell phone or smart phone app. Additional details and limitations regarding electronic services will be outlined in the IDD Waiver Policy Manual.

70	10/24/23	We don't think 5 years' experience prepares someone for the documentation requirements needed. We would rather see at least a 2-year degree in anything. This supports the needs of some of our individuals. A 2-year degree would be more appropriate. Or a writing skills competency test. The plans need to be well-organized and well-written for appropriate communication. If the person is accepted under these new conditions, could there be training through BMS like conflict free CM. We are concerned this will create additional issues with conflict-free case management and create more communication issues.	**No change:** A Case Manager that does not have a Human Services degree that meets the experience qualification must also complete the Conflict-Free Case Management training and be supervised by a qualified Case Manager. Service agencies that have concerns with the performance of a Case Manager may notify Kepro if they are unable to resolve issues with the conflict-free Case Management agency.
71	10/24/23	How would the reimbursement rates differ? Often time people who are "at-risk" require a higher level of monitoring. Will there be a limit to number of cases a CM can have on a caseload. Extra training requirements for CM providing this level of service?	**No change:** At-Risk Case Management is a new service rather than a different level of Case Management. This new service will have a 15-minute unit and will be available only for members that need additional Case Management in order to return to the community from an institution or to prevent institutionalization.
72	10/24/23	Appendix C Prevoc & Job Development. We like that the services have been combined to create a new service.	**No change:** Thank you for your feedback.
73	10/24/23	Appendix C BSP. It looks like they are going back to the TC/BSP model just with different names. We wonder about the rates and requirements. We hope they are paying more if they must have the APBS endorsement. Training requirements for a BSP II level is a concern as this II level was exceptionally challenging to reach with the current manual. What supports will the state ensure are in place to make sure the higher level is attainable. Caps for caseloads would be beneficial to ensure individuals receive necessary supports/services especially with the issues of IDD in-state hospitals. Need to tell us what "secure electronic means" means. This brings me back to how will BSPs be supported to obtain and maintain the higher level. Especially if BMS reserves the right to require formal interventions "up to and including" FBA and PBSPs. ALL BSPs will be required to	**Change:** BMS will continue with the current professional qualifications and service specifications for BSPI and BSP II as outlined in the existing WV IDD Waiver Policy Manual. As West Virginia develops a stronger network of qualified professionals, BMS will reconsider implementing the proposed changes to BSP qualifications and services. Specifications and restrictions for providing BSP services electronically will be addressed in the updated IDD Waiver Policy Manual.

		receive an APBS Endorsement. What will the timeline for existing BSPs be? We like that codes will separate task/need it would be great if this could be a PMPM rate like they do for ISS/NF CM individuals. The option to provide trainings and attend meetings by "secure electronic means" would be beneficial.	
74	10/24/23	Appendix C - Crisis Site – love the extended cap!	**No change:** Thank you for your feedback.
75	10/24/23	Appendix C - Family PCS Personal Options – concerned that this will limit who can do this service, it's not just the guardian who lives in the home, other people can already provide this service whether they are related or not or live in the house or not, they don't have an option for anything other than the Family PCS code or Respite as direct care services for Personal Options currently.	**No change:** The way the application is structured, Personal Options PCS does fall under the header of Family PCS. The IDD Waiver Policy Manual will continue to differentiate between Family PCS and PCS. Personal Options PCS providers will continue to include family and non-family workers living in and outside of the home.
76	10/24/23	Appendix C - Participate Directed Good and Services- if BMS has the list, how will we get the list?	**No change:** The list of non-qualified items will be included in the IDD Waiver Policy Manual. This will eliminate the need to update the application each time an item is added or removed from the list.
77	10/24/23	Appendix C - Skilled Nursing by an LPN – glad they are expanding the list of specific services. Would like to see exceptions to med passes by an LPN if the member requires complex med passes such as through feeding tubes in line with best practices. It indicates LPNs can provide services to those 21 and older. In residential settings, we can accept those who are 18 or older. Would there be no LPN services for those who are 18-20 years old?	**No change:** Medication passes by a Licensed Practical Nurse will now be addressed via a new service: Skilled Nursing Medication Administration, which will be available to members aged 18 and older in day and residential settings with prior authorization.
78	10/24/23	Appendix C – Skilled Nursing by an RN – The option to provide training and attend IDT meeting via secured electronic means would be beneficial.	**No change:** Thank you for your feedback.

79	10/24/23	Appendix C Skilled Nursing Med Admin – new service. We like that they are separating it out, but I'm concerned about the rate being lower than the current LPN rate. We are concerned the med pass time isn't realistic. Taking into consideration our aging population, diagnoses, medication routes, and client behaviors medication passes can take 20 minutes per pass sometimes longer. 1460 may be more appropriate for some of the individuals we serve.	**No change:** This is not a mandatory service. Providers will have the option to perform medication passes by a Licensed Practical Nurse or an AMAP, in circumstances where allowed. Any medication passes completed by an LPN will be via the Skilled Nursing Medication Administration event code and AMAP med passes are included in the direct-service rate. The current rates study includes LPN services, and a rate differential is being considered for direct-care workers that are certified AMAPs.
80	10/24/23	Appendix D Section 1 - Plan Development. 1-We like the rep from all agencies, that gets us involved in the PT meetings if we keep that service. 2- does this mean quality of life assessment is mandatory and that we don't have to ask the team and get it approved before it can be completed? We like that idea, its person centered! 5- this is helpful. 6- thank goodness, MUCH better. 7 – also good. This will be helpful. Our concern is ensuring CMs incorporate information provided in either type of setting. 9- We don't know what this means.	**No change:** Quality-of-Life assessments are mandatory. These assessments may be conducted by the Case Manager (e.g., Circle of Support/Goals and Dreams or similar scale) and/or by a Behavior Support Professional via a variety of Quality-of-Life assessment scales. Training regarding IPP development has and will continue to be provided to ensure all necessary and appropriate information is incorporated into IPP documents. Regarding change to sampling, this means the current 10% random sample may be stratified to ensure a representative sample of members of all ages, new, existing and discharged members, members in various living settings, etc.
81	10/24/23	Pg 60 the top of the page says that restrictive measures need reviewed at least every 6 months by the HRC.	**No change:** This is current policy. All program members with rights restrictions must have those restrictions reviewed by a Human Rights Committee every six months.
82	10/24/23	Pg 80 it says that BSP I cannot complete an FBA and that it has to be a BSP II to complete it. The FBA is a tool that can be used to determine if a PBSP is needed or if it can be addressed with protocol/guidelines. We would like to allow the BSP I to bill for completing assessments, but a BSP II to develop a behavior support plan. Who will clinically supervise the BSPs if the supervisor is not WV APBS endorsed?	**Change:** BMS will continue with the current professional qualifications and service specifications for BSPI and BSP II as outlined in the existing WV IDD Waiver Policy Manual. As West Virginia develops a stronger network of qualified professionals, BMS will reconsider implementing the proposed changes to BSP qualifications and services.

83	10/24/23	It would be good if they would consider cost of materials rising when looking at limits for Goods and Services and Environmental Adaptations. These limits need to be higher.	**No change:** Thank you for your feedback. The $1,000 limit for Participant-Directed Goods and Services will be reconsidered in a future amendment. In the meantime, IDDW members may also apply for Family Support, Unmet Needs, and Olmstead grants.
84	10/24/23	LGH PCS need to note the extra 96 units for leap year in the cap section, UR PCS has this already in the section for it on page 130.	**Change:** This was an oversight and has been corrected.
85	10/24/23	Transportation Miles should not have to have proof of insurance or registration for personal vehicle of they are using a company vehicle. I think this should be pointed out specifically, it's something that will end up in policy clarifications.	**No Change:** The requirements for non-medical transportation services (miles and trips) will continue to require proof of vehicle registration and insurance which is consistent with the requirements for Non-Emergency Medical Transportation.
86	10/24/23	Pg 166 it says that if we have CM through the same agency as other services, like if they live where there are no other agencies in the area as other services, like some of the people in Spencer, that they have the choice between Case Managers at our agency. We can't guarantee that they will be able to have the one they want.	**No change:** If a member requests to have a specific Case Manager or to be transferred to a different Case Manager, the Case Management Agency should accommodate the request unless there are legitimate reasons that prevent it. In that case, the agency should inform the member of other options, including transferring to a different Case Management agency. Please note that the geographic exception that allows a member to receive Case Management and other services from a single agency when there are no other agencies within 25 miles of the member's home does not restrict the member from choosing to receive Case Management or other services from an agency that is located more than 25 miles away.
87	10/19/23	Pages 3 and 171: DRWV is not in agreement with, "Removed 10% and updated language to reflect representative sample." DRWV believes the sample size should be far greater than 10%. Additionally, if the 10% was removed, DRWV wants BMS to be transparent in publicly documenting the sample size and	**No Change:** Depending on the service/activity being reviewed, a representative sample may 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

		applying conclusions/sanctions for the entire client I/DD waiver enrollment served by the agency, not just those in the sample.	applicable). The updated tool and process will be made available to the public via BMS' website.
88	10/19/23	Page 3: "Appendix C – Crisis Site Person Centered Support (2:1)". The only place DRWV noted 2:1 services being allowable is with Crisis Intervention. DRWV questions if this was a mistake in the title or will 2:1 services be available with Crisis Site Person Centered Support, when a member is at a crisis site?	**Change:** The header of the section has been corrected to "Crisis Intervention".
89	10/19/23	Page 8: DRWV is in agreement with the changes made to the Benjamin H slots.	**No change:** Thank you for your feedback.
90	10/19/23	Page 12: The first paragraph references notices going to ADW providers. The second paragraph references a public comment period from May 20, 2022 – July 11, 2022. DRWV questions if the dates are correct and if ADW should be IDDW.	**Change:** This was an oversight and has been corrected.
91	10/19/23	Page 15: Typo in the second sentence, "on on".	
92	10/19/23	Pages 32 and 46: DRWV is not in agreement with limiting eligibility to Autism Spectrum Disorder, Level 3. DRWV strongly recommends allowing individuals with a Level 2 diagnosis. We have worked with individuals who are at Level 2 and are in need of intensive support and services, who would benefit from IDDW services but were denied.	**No change:** Eligibility requirements are not changing. The current IDDW application and policy state: *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: • Autism;* The language regarding Autism severity was only updated to reflect the levels now outlined in the DSM-V-TR.
93	10/19/23	Page 36: Typo in the first box, "at least six months".	**Change:** The typo has been corrected.

94	10/19/23	Page 60: DRWV recommends clarifying the language in the first bullet in "Home and day habilitation visits". DRWV would like it to be specified that all members in 24-hour settings and SFC homes are required to have in-person home visits completed. In the second bullet, DRWV still believes that natural family settings should also have monthly, in-person home visits. • In the "Assessments" section DRWV recommends that the annual functional assessment for eligibility be conducted in-person. • In the "Coordination with service providers and other entities" section, fourth bullet, DRWV strongly recommends including language that an IDDW member cannot be discharged from a case management or residential provider until an agreed upon viable transfer agency is in place. • The final sentence, "Failure to consistently carry out the required Case Management activities may result in sanctions against the agency including referral/admissions ban, reduction in case load size, and disenrollment as an IDD waiver provider." DRWV is in agreement with this but strongly recommends similar language be inserted into the manual to address residential providers.	**No Change:** The statement in the first bullet does specify that the monthly visit by the Case Manager is to take place "at the member's residence". Members living in natural family settings will be required to have quarterly in-person home visits, but the IDT or Case Manager may choose to conduct in-person visits more frequently based upon needs and circumstances. **No Change:** Initial eligibility assessments will be conducted in-person but active members or their guardians may choose to have the annual assessment completed electronically or in-person. **No Change:** Although the recommended language is not in the application, it will remain in the IDDW policy manual. **No Change:** The recommendation will be incorporated into the updated IDDW policy manual.
95	10/19/23	Page 61: First sentence, DRWV recommends that "secure electronic means" be changed to in-person. Again, DRWV believes the more often a member is seen, issues that may arise can be caught early and addressed for the member. DRWV believes this is crucial to protect the health and safety of all IDDW members.	**No Change:** Members living in natural family settings will be required to have quarterly in-person home visits, but the IDT or Case Manager may choose to conduct in-person visits more frequently based upon needs and circumstances. If it is determined from incident data, assessment data, complaints, etc., that more frequent in-person home visits are needed to ensure the health

			and safety of members living in family settings, the IDDW policy manual will be updated as needed.
96	10/19/23	Page 65: Typo in the “License” box, LIcense”.	**Change:** The typo has been corrected.
97	10/19/23	Page 77: It is the opinion of DRWV that the exclusion list should be public information. The exceptions are not listed in the application.	**No Change:** The list of excluded PDGS items will continue to be available in the IDDW policy manual.
98	10/19/23	Page 79: Last paragraph, “Staff providing BSP I level services can formally address interfering behaviors with behavior guidelines and/or protocols.” DRWV is not in support of utilizing behavior guidelines/protocols when a member is in clear need of a full, formal, positive behavior support plan. The language suggests that BMS is in support of using the guidelines/protocols. The current language gives the appearance that BMS considers them as formal interventions. Language throughout the application references guidelines and protocols as formal, then references the positive behavior support as the formal strategy. DRWV is aware of numerous members who had significant interfering behaviors, that were severe and frequent, but only had guidelines/protocols. Frequently these members had multiple encounters with law enforcement, arrests, medical and psychiatric hospitalizations. However, the agencies never would invest in developing a positive behavior support plan. Again, DRWV does not believe that guidelines/protocols are a sufficient or acceptable replacement to keep members safe.	**No Change:** BMS does not limit behavior support guidelines and protocols to be used in cases of sever behaviors. Policy will expand upon the requirements for when formal supports are utilized at the guideline/protocol level and when to conduct an Functional Behavior Assessment and to develop a Positive Behavior Support Plan.
99	10/19/23	Page 80: Please see the comment above regarding allowing the BSP I to develop behavior guidelines/protocols. The last sentence, DRWV recommends this language be changed from “secure electronic means” to in-person.	**No Change:** Policy will expand upon situations where providers will be required to deliver services in-person versus electronically.

100	10/19/23	Page 81: "If there are continued health and safety concerns, the member is requiring 12 or more of direct-care services to address behaviors, and/or the team is requesting services in excess of the budget to address behaviors BMS reserves the right to require formal interventions up to and including a Functional Behavioral Assessment and Positive Behavior Support Plan." DRWV strongly recommends that BMS require a functional assessment and positive behavior support plan when a member requires 12 or more direct-care service hours. Additionally, DRWV recommends that if a member has engaged with law enforcement, been arrested, incarcerated, or hospitalized for behavioral incidents, a positive behavior support plan is required and must be completed.	**No Change:** BMS understands the necessity to address severe behavior concerns with intensive interventions, such as Positive Behavior Support Plans. Requests for 12 or more hours per day of services due to behaviors will be reviewed on a case-by-case basis. BMS will continue to reserve the right to require a FBA/PBSP for instances when behaviors do necessitate significant 1:1 services to address behaviors and will consider such instances as law-enforcement involvement, etc. when completing the case-by-case review.
101	10/19/23	Page 83: In the "Service Activities and Scope" section. DRWV recommends that, if a member does not already have a functional assessment and positive behavior support plan in place at the time an agency requests 2:1 crisis service, that BMS require them to be completed. DRWV recommends that BMS require a functional assessment and positive behavior support plan when a member goes into a crisis. At this point, DRWV recommends BMS require the formal plan and remove a guideline/protocol as an option for an intervention strategy.	**No Change:** In cases where a member may require 2:1 Crisis Intervention services, BMS requires teams to address interventions at the initial crisis meeting. At each subsequent request for 2:1 Crisis services, BMS may require the use of FBA/PBSPs dependent upon case-by-case review of the situation including the involvement of law enforcement, incarceration, hospitalization, etc. Admission to Crisis Sites will also be reviewed on a case-by-case basis, as stays at Crisis Sites are not limited to new or worsening behavior concerns. These requirements will be further expanded upon in policy.
102	10/19/23	Page 86: DRWV would like modification made to "it is the responsibility of the Case Management Agency to have a discharge plan in place before placement may occur at a Crisis Site." DRWV would like to see language added that the case manager, along with the team, develop a discharge plan.	**No Change:** It is the Case Management agency's responsibility to ensure a discharge plan is developed at the time of admission to a Crisis Site. Details regarding the IDT's involvement and contents of the discharge plan will be addressed in the updated IDDW policy manual.

103	10/19/23	Page 103: DRWV is encouraged with the inclusion of the language that will allow smaller, more person-centered services, "Any person residing in a site serving more than 4 people must have a transition plan created to move to a site that services no more than 4 people within a three-year period."	**Change:** Based upon feedback from other stakeholders, the application has been updated to allow existing licensed IDDW group homes with more than four beds to remain in operation.
104	10/19/23	Page 105: DRWV recommends including language in the miles section specifying the person providing transportation to the member possess a valid driver's license, current registration and vehicle insurance.	**No Change:** The recommended requirements are included under the provider qualifications for Non-Medical Transportation.
105	10/19/23	Page 119: Typo, "annual assessment of functioning for eligibility".	**Change:** The wording has been changed to "annual functional assessment for eligibility".
106	10/19/23	Page 137: DRWV strongly recommends that all direct care staff, BSPs, case managers and RNs be screened through the State's Protective Services Record Check (WV PATH).	**No Change:** The requirement to screen all direct-care staff through the DHHR Protective Services Record Check will be added to the IDDW policy manual once the registry is automated through the PATH system.
107	10/19/23	Page 161: DRWV recommends modifying the language "Group Homes with 4 or more members" since a licensed group home may be a setting with as few as one member residing in the home.	**Change:** The language was changed from "group homes with 4 or more members" to "licensed group homes".
108	10/19/23	Page 165: Although this is specific to case management agencies that are granted exceptions, it seems unlikely conflict free is occurring when case management and residential provider agencies are not conflict free. Furthermore, DRWV does not believe this is being enforced by BMS. Additionally, DRWV is aware of several situations where conflict exists.	**No Change:** Under current policy, members may receive Case Management as well as other IDDW services from a single agency only if they are prior approved for a geographic exception. If DRWV is aware of situations where conflict exists, please share the information with BMS so that the cases can be investigated.
109	10/19/23	Page 168: DRWV recommends that the language, that is found later in the application, "Medley Class Members are required to have IDT meetings every quarter, however, the Medley Advocate	**Change:** The recommended language was added.

		may choose to only attend the Annual and Six-Month IDT meetings" be inserted here.	
110	10/19/23	Page 169: DRWV strongly recommends that BMS add in language that is currently in the policy manual: "An IDDW provider may not terminate services unless a viable IPP is in place that effectively transfers needed services from one IDDW provider to another IDDW provider and is agreed upon by the member and/or their legal representative and the receiving provider."	**No Change:** Although the recommended language is not in the application, it will remain in the IDDW policy manual.
111	10/19/23	Page 170: Third bullet, DRWV suggests noting that a "change in need" would include experiencing behavioral or medical crises and/or engagement with law enforcement and/or hospitalizations.	**No Change:** The suggested language will be included in the updated IDDW policy manual.
112	10/19/23	Page 172: "The case manager is required to have a face-to-face contact with the member at least monthly in their residence (for those living in a 24 hour or specialized family care setting), or quarterly and electronically all remaining months (for members living in natural family settings) regardless of service delivery model to verify that services are being delivered in accordance with the IPP in a safe environment." DRWV finds this sentence to be confusing and conflicting. DRWV suggests that the two setting types be addressed separately. The current language gives the impression that quarterly and electronic visits can be completed in 24-hour sites and SFC homes. "The primary purpose of this face-to-face meeting is to verify that services are being delivered in accordance with the IPP in a safe environment." DRWV has been involved with numerous members who were living in unsafe, deplorable conditions, experiencing abuse and neglect, not receiving the services and/or supports they need (as outlined in their IPPs). DRWV would like to see language included that addresses the case	**No Change:** The requirements for Case Manager home visits will be addressed in more detail in the updated IDDW policy manual. **No Change:** The suggested language will be included in the updated IDDW policy manual.

		managers' responsibility to report any observed/suspected/alleged incidents of abuse/neglect to APS and OHFLAC, within the timelines established in WV Code.	
113	10/19/23	Page 173: DRWV suggests adding the review of Freedom of Choice at every IDT meeting.	**No Change:** This suggestion may be incorporated into the updated policy and Person-Centered Service Plan format.
114	10/19/23	Page 205: Typo in the first box with the numbering.	**Change:** The typo has been corrected.
115	10/19/23	Page 210: "Psychotropic drugs are ordered only as part of the treatment plan and with documentation of the diagnosis and the specific behaviors that indicate a need for the medication and the rationale for its choice." DRWV thinks this language needs to be clarified. As it is written it appears as though the treatment team is ordering the psychotropic medications. We agree that these medications need to be included with documentation of the diagnosis, rationale and what behaviors are targeted.	**Change:** The language has been revised to eliminate/reduce confusion regarding the ordering of psychotropic medications.
116	10/19/23	Page 255: DRWV thinks the language in I-5 should be updated since licensed group homes now include one-three person settings.	**Change:** The reference to 4 or more beds has been removed.
117	10/19/23	DRWV recommends that trauma informed care be a required training component for direct care staff, BSPs, case managers and nursing staff.	**No Change:** Although Trauma Informed Care is not currently a required training, there are plans to include it in the next application amendment or upcoming policy manual update.
118	10/19/23	DRWV strongly recommends that all direct care staff, BSPs, case managers and nursing staff be screened through the State's Protective Services Record Check (WV PATH). DRWV is aware of an incident where members have been living in deplorable conditions, experienced abuse and neglect, had sexual relationships with staff where no criminal charges were filed, etc.	**No Change:** The requirement to screen all direct-care staff through the DHHR Protective Services Record Check will be added to the IDDW policy manual once the registry is automated through the PATH system.

		IDDW members are very often in vulnerable situations and DRWV believes every effort should be made to protect them.	
119	10/19/23	DRWV likes that the application allows direct care staff to attend and participate in IDT meetings and the annual functional assessments. DRWV believes the direct care staff have critical information that would enhance the IDT process.	**No Change:** Thank you for your feedback.
120	10/19/23	There is no comprehensive BSP training program available to staff working with IDDW. The lack of trained BSPs is a tremendous concern for DRWV. The lack of trained and supported BSPs has a negative impact on individuals on the Program. In an effort to potentially reduce the number of incidents where members have encounters with law enforcement, sustain injuries, harm others, or have to go to a medical or psychiatric hospitals, DRWV strongly recommends BMS to pursue securing a reputable provider to facilitate these trainings and provide ongoing support and technical assistance.	**No Change:** BMS is currently working with the Bureau for Behavioral Health and other stakeholders to develop additional training and strengthen services for individuals in need of Positive Behavior Support.
121	10/19/23	It is DRWV's position that the individuals on the IDDW Program need to have routine monitoring of their health and safety. For this reason, DRWV asserts that in-person IDT meetings are essential to the members. DRWV is not in support of electronic IDT meetings. DRWV has the same position for home visits as well. Case managers completing in-person home visits provides a layer of oversight to monitor the members' health and safety. While visiting members' homes DRWV has discovered unimaginable situations such as: members not receiving medications, homes having no electricity and/or no working plumbing, members left sitting in their bodily fluids, members left unclothed, homes with no working refrigerator, members being financially exploited, homes with unsafe floors, members being moved to other homes due to staffing issues, clients not receiving services as outlined in their IPP, etc.	**No Change:** Annual IPP meetings will be required to be held in-person, but the member/guardian will have the option to have other IPP meetings to be held electronically/remotely. Similarly, members that live with their families will be required to have quarterly in-person meetings with their Case Managers in their homes. During the in-between months, the Case Manager will perform monthly visits via remote/electronic means. The members/guardians and their teams may choose to have more frequent in-person meetings and visits. The updated policy manual will specify circumstances that mandate more frequent in-person meetings/visits with the Case Manager and IDT, including reports of unsafe environments, reports of abuse, neglect, or exploitation, etc.

122	10/19/23	DRWV is aware of multiple providers that have discharged members from their services. Sometimes this was for medical reasons but largely it has been due to an increase in "interfering" behaviors. When a member is discharged by their residential provider, and a transfer to agency has not been agreed upon and secured, the individuals are denied their approved/authorized home and community-based services. The members are frequently left unnecessarily institutionalized. It is DRWV's position that the provider agencies must be held accountable and serve the members until they have secured another placement, agreed upon by the member/guardian.	**No Change:** The IDDW policy manual requires provider agencies to have a viable transfer agency in place before discontinuing services to a member. Agencies that fail to do so may be subject to referral holds, census reductions, payment holds and/or loss of IDDW agency certification.
123	10/19/23	West Virginia law is well settled that "[n]o person who can be treated as an outpatient at a community mental health center may be admitted involuntarily into a state hospital." See W.Va. Code §27-2A-1(b)(4). The purpose of IDD Waiver is to prevent involuntary commitments to a state hospital. See 42 C.F.R. § 441.300 ("Section 1915(c) of the Act permits States to offer, under a waiver of statutory requirements, an array of home and community-based services that an individual needs to avoid institutionalization."). Further, the Medicaid program is intended to integrate persons into the community and avoid costly institutional psychiatric commitments. See 42 U.S.C. § 1396-1 ("For the purpose of enabling each State, as far as practicable under the conditions in such State, to furnish … (2) rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care…."). The current IDD Waiver program and methodology to determine eligibility results in a denial of IDD Waiver that results in involuntary commitments that violates W.Va. Code §27-2A-1(b)(4).	**No Change:** BMS is currently working with the Bureau for Behavioral Health and other stakeholders to expand services and treatment settings for individuals with Intellectual or Developmental Disabilities that have severe behaviors, often related to co-occurring mental health conditions. These services/settings will not be limited to IDDW members.