



**WV AD Waiver, Personal Care and TBI Waiver Programs  
Program Policy and COVID 19 Questions & Answers (Q&A)**  
(Answers in **blue** have been finalized. Answers in **red** are draft.)

Q#	Date	Question	Answer	Applicable Program		
Q1	3/20/2020	The memorandum dated 3/13/20 indicates that Case managers and nurses will not be required to meet face-to-face with members in their homes.” Does this mean that agencies can still conduct face-to-face home visits if they choose?	Effective immediately, home visits are to be conducted via telephone and no face-to-face visits are permitted <b>unless they are required in order for the provider to intervene in an emergency circumstance</b> . Please remember to review crisis plans to ensure they include specific steps to be taken if the paid staff or natural supports are unable to provide support. Case Managers should also determine if members have adequate supplies of food, medications, and other necessities. Case managers are required to complete the monthly contact forms and document that these questions were answered.	ADW	PC	TBIW
Q2	3/20/2020	How are signatures for meetings held via non-face-to-face means to be obtained?	Case Managers, nurses and Resource Consultants will not be required to collect signatures at a later date. The CM and nurse that conduct the meetings are to document on the forms that the individual participated by phone/electronically and verbally agreed to the information discussed.	ADW	PC	TBIW
Q3	3/20/2020	Will individuals applying for the program continue to be assessed for eligibility?	Yes. As with active members’ annual redeterminations of eligibility, individuals applying to the programs will be evaluated by telephone unless they choose to postpone the assessment.	ADW		TBIW
Q4	3/20/2020	BMS has indicated that meetings and home visits are to occur via telephone or electronically rather than face-to-face through 5/31/2020. If the weather is nice, can face-to-face meetings be conducted outside?	No. Until more is known about COVID-19 and what its overall impact will be, the only time the Case Manager or nurse meets face-to-face with a member is if they must intervene on behalf of the member to protect his/her health and safety. Please note that the BMS directive has been extended through June 30, 2020.	ADW	PC	TBIW
Q5	3/20/2020	Will the agency be able to continue to get paid in order to pay the staff? Some can only pay them for a short time.	Fortunately, most functions related to claims payments can be managed remotely so BMS does not anticipate any disruption in provider payments.	ADW	PC	TBIW

Q6	3/20/2020	I would just like to clarify the memo from BMS. After the assessment is done over the phone or electronically is it required after the ban has been lifted to do an onsite visit? If so, can the assessment that was done via telephone or electronically be used and just marked with the date of the home visit when the client would sign?	An assessment that was completed by phone/electronically will be considered valid for the same timeframe as a face-to-face assessment. When the HCBS programs return to normal operations, the CM and/or nurse will not be required to meet face-to-face with the member until the next regularly scheduled meeting—i.e. 6 months from the date of the previous assessment. It will not be necessary to take the assessment that was completed by phone/electronically to the face-to-face meeting to have the document signed by the member.	ADW	PC	TBIW
Q7	3/20/2020	We received the memo from the Bureau of Medical services regarding assessments and meetings being done by phone instead of in person by our case management and nursing personnel. Are there any specific guidelines we need to be aware of regarding our staff working in the member's home other than providing safety equipment such as gloves and masks etc.?	<p>Members that have healthy and available natural supports may choose to temporarily halt their direct care services until the threat of COVID 19 is past. This reduces the risk of infection for both the member and others in the household as well as the agency staff.</p> <p>Please document in a case note if the member has requested temporarily to halt his/her worker from providing services in the home/community. The CM/nurse should also document on the case note how the member's care will be meet.</p> <p>Agency staff working in the members' homes should follow the guidelines available through the CDC which include proper handwashing and use of gloves and other PPE.</p>	ADW	PC	TBIW
Q8	3/20/2020	Do you plan on allowing providers to postpone annual trainings? The March 13, 2020 memo from Cynthia Beane states that we could do online, Skype, Zoom, etc. for the required trainings. This is not feasible for many of our caregivers; therefore, I am requesting that required annual trainings be postponed for 90 days.	<p>Staff qualification requirements other than being 18 years of age (Initial and annual training including CPR; First Aid; Member Rights; Identifying and Reporting Abuse/Neglect/Exploitation, Treatment Practices &amp; Procedures including Confidentiality, Emergency Care including Crisis and Emergency Planning; Infectious Disease Control; Direct-Care Ethics; and Member-Specific Needs, etc.) and fingerprint criminal background check will be suspended until 7/1/2020. The pre-screening of new employees through the WV CARES system will continue to be required.</p> <p>Provider agencies may choose to provide on-line training such as CPR and First Aid. Trainings may also be conducted by telephone or electronic means (Skype/Zoom). If member-specific training is provided electronically, it must be through a secure network to protect the member's confidentiality.</p>	ADW	PC	TBIW

Q9	3/20/2020	Can the member's financial eligibility be extended so that they don't have to go to local DHHR offices during this time?	<p>Per the 3/20/2020 memo to DHHR eligibility staff from Anita Hayes, Director, Medicaid and WVCHIP Member Eligibility Policy, Bureau for Medical Services:</p> <p><i>The West Virginia Bureau for Medical Services (BMS) and WV Children's Health Insurance Program (WVCHIP) are extending the renewal date for all Medicaid and WVCHIP recipients for three months. All disability reevaluations required by the Medical Review Team are also being extended for three months. All Medicaid and WVCHIP clients should remain enrolled in coverage regardless of age or category. This policy goes into effect immediately and will remain in place through May 31, 2020.</i></p> <p><b>MEDICAID AND WVCHIP RENEWALS</b></p> <ul style="list-style-type: none"> <li>• Medicaid and WVCHIP eligibility renewals not already completed in March 2020 have been extended to June 2020.</li> <li>• Eligibility renewals due in April 2020 will be extended to July 2020</li> <li>• Eligibility renewals due in May 2020 will be extended to August 2020.</li> </ul>	ADW	PC	TBIW
Q10	3/27/2020	What if someone needs an updated MNER but they don't want to go to the Dr. and Dr. won't sign it without seeing the member?	<p>With the current challenges of COVID 19, <b>active members</b> may be having difficulties in getting the MNER signed by their physicians. Unless a member specifically requests to have their case closed, they will not be discharged from the program. The MNER may be signed by the member/guardian and mailed to the physician for signature but if the physician will not sign without seeing the member, the member's eligibility can be extended for three months at the current level of service.</p>	ADW	PC	TBIW
Q11	3/27/2020	I am curious how all the changes in training during this COVID 19 period will affect how we report for continuing certification? Or if continuing certification will possibly be delayed?	<p>ADW and PC providers are not required to submit their workers' certification data (CPR, FA background check dates) until the end of the calendar year. At that time, providers are still to submit the actual start and end dates of each worker's certifications even if the worker was unable to update a required training between March 13 and June 30, 2020 due to the COVID 19 pandemic. This may appear in the system as a gap in the worker's certification(s), but BoSS will not cite the provider for non-compliance.</p>	ADW	PC	TBIW
Q12	3/27/2020	Our agency listened to the governor's press briefing, issuing a Stay at Home	<p>The governor's Stay at Home Order (Executive Order 9-20) that was issued on 3/23/2020 identifies Medicaid providers and more</p>	ADW	PC	TBIW

		Order, then I received the email with BMS Updates. Please clarify that waiver and PC services are considered Essential Services and that we should continue providing services while taking the recommended preventative measures.	specifically human services organizations. Under this order, human services organizations include without limitation home-based settings to provide services to individuals with physical, intellectual and/or developmentally-disabilities, seniors, adults and children. <a href="https://apps.sos.wv.gov/adlaw/executivejournal/readpdf.aspx?DocID=89504">https://apps.sos.wv.gov/adlaw/executivejournal/readpdf.aspx?DocID=89504</a>			
Q13	3/27/2020	If a worker chooses not to provide services in a member's home will they qualify for unemployment benefits?	BMS cannot make determinations or provide clarification regarding unemployment benefits. Please contact Workforce WV. <a href="https://www.workforcewv.org/unemployment">https://www.workforcewv.org/unemployment</a>	ADW	PC	TBIW
Q14	3/27/2020	Are audits on hold?	As much as possible, BoSS and Kepro will continue to perform annual agency certification and quality monitoring reviews of provider agencies. These will be conducted remotely instead of the BoSS and Kepro staff performing on-site reviews. Many of the documents being reviewed should already have been uploaded to the Careconnection. The agencies being reviewed will be notified by the nurse monitors and requested to electronically submit other required documents.	ADW	PC	TBIW
Q15	3/27/2020	If the Workers live out of state can they send them in the home? Risk to member? Health department question?	All workers are to take precautions to minimize the risk of becoming infected or infecting the member or others in the household. WV has classified Medicaid in-home workers as essential. Workers that live in border states may need to follow additional measures in their states' or regional stay at home orders.	ADW	PC	TBIW
Q16	3/27/2020	Can a current service provider advise a member to reconsider transferring to a different agency especially if the member currently has a worker?	Members cannot be prevented from exercising their right to choose service providers, but it is appropriate for the current agency to educate the member on the COVID 19 situation and its impact on our workforce. Prior to making the transfer, the member/legal rep or Case Manager should contact the chosen agency to discuss the member's needs and availability of workers.	ADW	PC	TBIW
Q17	3/27/2020	Can informal supports including a member's spouse be a paid worker?	If necessary, informal supports may be hired to be a paid worker however members' spouses are excluded. CMS has not approved for spouses to be paid traditional or Personal Options workers.	ADW	PC	TBIW
Q18	3/27/2020	What about financial eligibility at DHHR?	Existing members that are due to renew financial eligibility are being granted a three-month extension. (See Question 9 from 3/20/2020)  For new members that need to establish initial financial eligibility, the local DHHR offices are still processing new applications. Members can complete the paper application and mail it to their county office, rather than going in person. (The application form	ADW	PC	TBIW

			was included in the documents that were emailed to providers on 3/26/2020.) DHHR caseworkers have also been instructed to mail the member an application form upon receipt of the member's notice of medical eligibility.			
Q19	3/27/2020	If assessments are done electronically, are they billable?	Yes	ADW	PC	TBIW
Q20	3/27/2020	Can RN's still go into member homes to fill pill boxes?	To reduce the risk of infection, face-to-face visits by the RN should occur only as a last resort. It is understood that few members have the technology in their homes to allow the nurse to assist with medication administration via Skype or other electronic means. The nurse may instead contact the pharmacy to inquire about blister packaging of the member's medications. If this is not possible, please determine if there are informal supports (family, neighbor) that already in contact with the member and ask if they can assist with medications. If these or other options are not possible, the nurse may visit the home to fill pill boxes but must follow CDC guidelines.	ADW	PC	
Q21	3/27/2020	If someone wants to discontinue in-home worker services temporarily, what do we do?	Document the request in a case note. This would not count as an interruption of services because you are essentially implementing an emergency back-up plan. The Case Manager or Resource Consultant will continue to make contacts with the member at least monthly and will notify the direct care/PA agency when the member chooses to resume in-home services.	ADW	PC	TBIW
Q22	3/27/2020	If an agency cannot send a worker because they have no staff, will the member be closed?	No. Under the present circumstances, members will not be closed/discharged from the program due to not having staff.	ADW	PC	TBIW
Q23	3/27/2020	Can the CM/RN still bill even if there are no PA services being provided?	Yes. Under the present circumstances it is important for Case Managers/nurses to contact the members at least monthly to check on their health and welfare, particularly to ensure they have adequate food, medication and other necessities.	ADW		TBIW
Q24	3/27/2020	Regarding Legal Reps as caregivers, can they be paid?	If a member's regular direct care worker/Personal Attendant is unable to provide services and there are no informal supports available to provide needed assistance to the member, the member's legal representative may be employed as a traditional or Personal Options worker. Note that members' spouses are not allowed to be paid workers.	ADW	PC	TBIW
Q25	3/27/2020	If we have members in a high rise and the high rise shuts down to outsiders, what do we do?	The governor's stay at home order identifies Medicaid in-home workers as essential. If necessary, contact the building's management and explain the worker's role and that the member	ADW	PC	TBIW

			must have assistance in order to remain healthy and safe. Also explain that workers are following CDC guidelines to reduce the risk of infection. Provide workers with agency identification and/or documentation that they may provide to the building security staff. Additional information regarding workers' access to apartment buildings is available in the housing memo dated 3/20/2020.			
Q26	3/27/2020	What if a participant is diagnosed with COVID 19 in a high rise?	If a member has symptoms or has already tested positive for COVID 19, contact the local health department to obtain specific guidance regarding testing and treatment. Depending on the severity of symptoms, the member may be hospitalized or may be instructed to remain at home. The CDC website has guidelines for in-home workers caring for individuals with COVID-19.	ADW	PC	TBIW
Q27	3/27/2020	What do we do if direct care staff/PA's refuse to go into the homes?	Under the present circumstances, workers may determine they are unable to travel to members' homes and provide services due to the worker's own health concerns or the need to care for their own family members. While we are dealing with COVID 19, each agency should routinely assess their workforce's ability to meet the needs of their members. Agencies may be required to triage members to identify those with no available informal supports and greatest need for services. Those members would be given priority for continued services from direct care/PA workers.	ADW	PC	TBIW
Q28	3/27/2020	The guidance letter from Cindy Beane lists the following: " <u>Member Service Planning</u> : Annual and six-month planning meetings are to be held electronically or by phone." It does not address the initial Service Planning meeting. Can these be held electronically or by phone as well?	Yes, initial planning meetings may also be conducted electronically or by phone.	ADW	PC	TBIW
Q29	3/27/2020	When it comes to CPR/first aid renewal, it says we can use online resources. Do these resources have to be the ones that are on the waiver approval list or can they be any resource at this time?	Please use online courses available through the approved list of CPR/FA vendors. If you are aware of good quality online courses from a vendor that has not yet been approved, please submit the vendor's like to BMS so that it can be evaluated and added to the approved list.	ADW	PC	TBIW
Q30	3/27/2020	Due to the Covid-19 pandemic I have workers that are having to go other places other than what is listed in the essential errands section of the service plan to obtain supplies d/t shortages. Will these changes be a problem since they are not	The worker should document on the Personal Attendant Log/worksheet the additional locations where they went in order to purchase essential supplies due to shortages at the usual locations.	ADW	PC	TBIW



		listed in the essential errand section of the service plan?				
Q31	3/27/2020	My understanding is that we can use “provisional” hired employees while the Covid-19 situation is ongoing. Do these “provisionally” hired employees still have to be supervised?	It would be best practice for employees that were unable to complete the full fingerprint background check or regular training courses to work under the supervision of another staff that is fully credentialed. However, it is understood that this is not feasible for the majority of workers in the ADW, PC and TBI programs so the supervision requirement for provisional employees is temporarily waived.	ADW	PC	TBIW
Q32	3/27/2020	Will Conflict Free Case Management and Electronic Visit Verification still be implemented on 07/01/2020? With the COVID-19 situation, has a request for an extension been requested to delay their start date?	BMS has inquired about delaying the implementation of these and other upcoming events. EVV implementation is required under the 21 <sup>st</sup> Century Cures Act so CMS does not have the authority to postpone. CFCM is included in the renewal of the Waivers and CMS is currently considering our options if implementation is delayed.	ADW	PC	TBIW
Q33	4/3/2020	When attempting to schedule phone visits regarding completion of service plan/Plan of Care meetings, if the meeting needs to be done by conference call with CM, RN, dual service PC agency, and member all present, does it need to be done on the same call or can the CM and RN make separate calls to the member to complete their assessments and the PAL/Worksheet and Service Plan.	Holding the service planning meeting by conference call is the closest approximation to a face-to-face meeting. On a conference call all team members can share information, make recommendations and respond to other team members in real time. iPhones, Androids and most landline phones allow the user to conduct a phone call with multiple people. If circumstances prevent a planning meeting from being held via conference call, the CM and RN may make separate calls to complete the assessment and planning process, but this method should be used only when necessary.	ADW	PC	TBIW
Q34	4/3/2020	It was my understanding that CFCM was going into effect July 1, 2020 but the member had the entire year to make that change. For example, if the member wanted to wait until Jan or Feb, to send in their transfer, that it was fine.	CFCM will go into effect with the renewal of the waiver which is scheduled for July 1, 2020. Members that have not yet chosen a conflict-free Case Management agency will be required to do so at their annual assessment meeting that falls on/after July 1. Gradually “rolling out” CFCM based upon members’ annual meetings will allow all involved to manage the volume of transfers more efficiently. The goal is for CFCM to be in place for all members by June 30, 2021.	ADW		TBIW
Q35	4/3/2020	For initial assessments, how can the CM or RN do a proper assessment describing home risks if they aren’t there to see the home, do they just go by the participant’s answers provided?	For the initial assessments, the CM/RN will complete the home risks section by asking the member specific questions regarding the safety and accessibility of the home. Some CMs have also asked the member to take pictures/videos and send using their phone. But it is understood that this is not always possible. Once the COVID 19 precautions are lifted and we return to face-to-face	ADW	PC	TBIW

			meetings, the CM can verify and update the initial assessment information at the next scheduled planning meeting.			
Q36	4/3/2020	On the last phone conference, it was stated that provisional workers would not need that one on one supervision in the field. However, WV Cares is saying that all provisions related to provisional employees will apply, aside from the need to be fingerprinted prior to beginning work as a provisional employee. They also state that supervision in the field will still apply. This obviously is not feasible at this time. We cannot even find a fingerprinting location at a reasonable distance that is open. I just want to be clear on this because we are getting the go ahead from BOSS and a NO from WV Cares.	Regarding criminal background checks, please refer to the March 20, 2020 letter from Jolynn Marra, Interim Inspector General that suspends until July 1, 2020 the requirement for workers to be fingerprinted. During this time, agencies are still required to perform the pre-screening of new workers through the WV CARES system and designate the workers as “provisional” until they can be fingerprinted and complete the background check process.  BMS has obtained further clarification from WV CARES that provisional employees may work without direct supervision, but agencies must have a procedure that allows a provisional worker to contact someone (i.e. a manager) should the worker need guidance or assistance.	ADW	PC	TBIW
Q37	4/3/2020	With the new assessment process not requiring KEPRO nurses or agency nurses to go into the homes, this results in agencies sending PA staff into homes sight unseen. I am concerned for the safety of my workers. Will there be a penalty to agencies if they remove themselves from the referral list for this period of time?	We understand your concerns. While it is possible to assess by phone the member’s needs, the safety of their home, relationships/roles of others live in the home, etc., this is not as reliable as a face-to-face assessment and observation. Should an agency determine that they are unable to accept referrals during the COVID 19 crisis, they may request to be removed from the referral list without fear of penalty. However, agencies are requested to carefully consider alternate methods of assessing members/homes before making this decision.	ADW	PC	TBIW
Q38	4/3/2020	Will the \$1,200.00 stimulus to social security beneficiaries affect the participants who are on the aged and disabled waiver program and with their SNAP benefits? Since this is a one-time deposit will there be a grace period for them in reporting the extra income?	BMS has contacted the eligibility unit for clarification and they are in the process of researching this.	ADW	PC	TBIW
Q39	4/3/2020	With Covid-19, are slots being held until the threat is over or are the ones on managed enrollment going to be filled? (We receive calls daily from our referrals needing asking about an ADW slot)	Currently no slots are being released, not because of COVID 19 but because the ADW program is at full capacity.	ADW		



Q40	4/3/2020	We have been in contact with our local Health Department for supplies such as masks (which our PA's/office staff need). We are on their waiting list but no guarantee or when we will receive masks. Can you help with this?	BMS has provided the Bureau of Public Health (BPH) with a list of all waiver and PC provider agencies and confirmed that these agencies are "essential", and their workers require PPE supplies. BMS is also preparing a list of PPE vendors which will be distributed to agencies as soon as possible.	ADW	PC	TBIW
Q41	4/3/2020	We are looking at hiring an RN that can do both CM and RN. Can they perform both functions as long as they don't do both for the same person?	On a temporary basis and with prior approval from the operating agency (BoSS for ADW & PC; Kepro for TBIW), an RN can provide waiver Case Management and RN oversight of Personal Attendant/Direct-Care services as long as he/she isn't performing both jobs for the same member. Similarly, for members receiving dual services, an RN should not be performing waiver Case Management and developing the PC Plan of Care for the same member.	ADW	PC	TBIW
Q42	4/3/2020	Is this (see Q41) just under our current circumstances, or in general?	Prior to the COVID 19 pandemic, agencies occasionally requested permission to allow an RN to perform both CM and RN roles. Under the current circumstances with COVID 19, this may become more common but will continue to require prior approval by the operating agency and should be a temporary measure.	ADW	PC	TBIW
Q43	4/3/2020	With our limited number of workers, because some do not want to go into homes right now, is there an option to pay overtime?	BMS is currently evaluating options for temporary rate increases for PA/direct-care services during the COVID 19 crisis.	ADW	PC	TBIW
Q44	4/3/2020	Up to this point, we have not been wearing face masks. Should we adopt this policy now?	The CDC is now recommending that all people should wear face masks or cloth face coverings when in public. This is primarily to prevent an infected/asymptomatic person from unknowingly spreading the virus. Considering the types of support/assistance provided to program members by direct-support staff, it is often not possible to maintain social distancing so wearing a face mask or face covering is recommended. Other precautions such as direct-care staff routinely checking their temperatures and reporting if they have COVID 19 symptoms are also recommended.	ADW	PC	TBIW
Q45	4/3/2020	We have a client with several older grandchildren who come in and out of the home frequently for visits. The HM is nervous about them coming in and out of the home. Would it be appropriate for us to speak with the member to ask that the	Yes, we think it is very appropriate to discuss with all members the CDC's current guidelines for limiting interactions with others due to the COVID 19 pandemic. This is particularly important for our program members which are at greater risk due to age and existing health issues. For this specific case, the member has the option of suspending services and allowing the grandchildren or other family members to provide informal supports. If the member continues to	ADW	PC	TBIW

		grandchildren suspend these visits for a while?	put him/herself and the worker at risk after being informed of the CDC guidelines, please notify BMS. It may be necessary to discontinue services due to an unsafe environment.			
Q46	4/3/2020	If the waiver PA or Personal Care direct care staff are not providing in-home services but are needed for essential errands, can the agency bill for the essential errands?	Yes. If in-home needs are being met through informal supports i.e. ADLs, essential errands may be performed by the PA/DCW and can be billed.	ADW	PC	TBIW
Q47	4/3/2020	Can we bill for mileage? (specific to PC)	Personal Care does not reimburse for mileage, only for units of service. Under the present circumstances, the limit for time billed for essential errands may be exceeded when necessary to meet the member's needs. It is allowable for the direct-care worker to bill when performing essential errands for the member regardless of whether the member accompanies the worker on the errand.		PC	
Q48	4/3/2020	Can we contact our ADW, TBIW and PC members to see if they want to suspend services or let them contact us?	It is appropriate to discuss with all members the risks associated with having individuals—including PA/direct-care staff coming to/going from their homes during the COVID 19 crisis. Members with informal supports are in a position to temporarily suspend their services whereas members without informal supports will likely require services to continue. If a member does choose to suspend services, it is important for the Case Manager and/or RN to make sure the member has made a good decision by discussing how all needs will be met without regular PA/direct-care services.	ADW	PC	TBIW
Q49	4/10/2020	Can a family member under the age of 18 be a paid PA?	No, all PA/direct-care staff must be age 18 years of age or older.	ADW	PC	TBIW
Q50	4/10/2020	Are PC RN's permitted to work from home throughout this Covid-19 precaution time? If so, is there anything in writing that you can forward to me so that we will have it on file?	The Personal Care policy manual does not specify where an RN performs required job duties other than member assessment/planning that is currently allowed to be completed via phone/electronically rather than in the member's home. If an RN is performing duties outside of the agency, they must still comply with policies regarding the privacy of members' PHI and record storage.  Note: This also applies to RN and Case Management services in the waiver programs.	ADW	PC	TBIW
Q51	4/10/2020	Can we bill on the RN contact form for ADW & PC?	Assuming the question pertains to RNs using the contact form to bill for health and wellness calls, the answer is no because it would duplicate the Case Manager's responsibilities/billing. ADW Case Managers are required to perform health and wellness calls at least	ADW	PC	TBIW

			<p>monthly. Under the current circumstances, some members may require more frequent calls but these would fall under the usual monthly ADW Case Management service code/rate.</p> <p>TBIW Case Managers may also perform more frequent wellness calls and these would be billed using the authorized units per member. PC RNs are not required by policy to make contact calls with members and there is no billing code for that activity.</p>			
Q52	4/10/2020	<p>if there are members that decline services from DCWs and PAs, will it call into question the members' need for services later on due to the lapse in service provided? There are members that may decline to receive the service and do not have informal support to assist them.</p>	<p>It is understood that a member's choice to temporarily suspend services under the present circumstances is not an indication of the member's long-term needs for services. Members will not be penalized for temporarily having informal supports in lieu of paid supports and this will not impact their level of service determination at their next annual assessment.</p>	ADW	PC	TBIW
Q53	4/10/2020	<p>For members that have not received services for any amount of time due to DCWs/ PAs fear of exposing or contracting the virus, can weekly "well checks" be completed on Personal Care RN Contact Form and can it be billed? The "Reason for Visit" being written in as COVID-19 Well Check- Phone Screening in the blank space. Could this be a billable service</p>	<p>If a member has declined PA/direct-care services due to COVID 19 concerns and their needs are temporarily being met by informal supports, the following guidelines apply for agencies conducting wellness checks:</p> <p>For ADW, the CM will be performing wellness calls as part of their monthly CM service. CM can bill the monthly fee for this. PAs can make wellness calls and bill one 15- minute unit for the calls. If it is determined during the call that the member needs an essential errand, such as groceries or prescription pick up, they can bill for mileage and their time for performing the errand.</p> <p>For PC, the Direct Care Worker can make wellness calls and bill one-15- minute unit for the call. If it is determined that the member needs an essential errand, such as groceries or prescription pick up, they can bill for their time running the essential errand, but they cannot bill for mileage.</p> <p>For TBIW, as part of the CM monthly contact they will complete the monthly contact form and determine if there are any unmet needs and arrange to have those needs met. CM will bill as they normally bill by units of service for the call. For members that have placed their PA services on hold because they have informal supports in place to assist them with ADLs, the PAs can call and bill one 15- minute unit for the call. If it is determined during the call that the member needs an essential errand, such as groceries or</p>	ADW	PC	TBIW

			<p>prescription pick up, they can bill for mileage and their time for performing the errand.</p> <p>Nurses /PA agency supervisors need to document that a PA/Direct Care Worker is not going into the home, however they are doing wellness calls and potentially running essential errands. Nurses/PA agency supervisors cannot be paid for wellness calls.</p> <p>Documentation should be completed on the existing PC daily worksheet forms, the TBIW daily PAW form, or ADW PAL/log for this function.</p>			
Q54	4/17/2020	<p>Regarding well check calls. Our agency has an agency policy that our PAs do not use their personal cell phones to call our participants directly due to boundary issues we have had in the past. Would it be acceptable to have our in-home care assistant (individual with no PA training) make well check calls and bill the 15 minute per unit to complete these calls? I understand the RN or the Supervisor should not be making them if we would bill for them, but wanted to clarify if the assistant or another staff member may be permitted.</p>	<p>Ideally, the PA/DCW that typically works with the member would perform wellness calls and determine if their needs have changed or they require any essential errands. If there are concerns about the PA/DCW using their personal phones, they may block their number using *67. It is recommended that the member be informed in advance of the wellness calls and understands the call may show up as blocked.</p> <p>If it is not possible for the PA/DCW to conduct the wellness calls, the in-home care assistant may perform and bill for this task. Although the assistant is not trained/qualified as a PA/DCW, under the present circumstances with COVID 19, these requirements have been suspended. The in-home care assistant (or similar staff) would be limited to one 15 minute unit per call as addressed in Q53.</p>	ADW	PC	TBIW
Q55	4/17/2020	<p>Do we need to mail the annual consent forms to the participant to have them signed? One of these forms is for informed consent and release of information. A signature on that form is required to get information from medical facilities and to speak to doctor's or other providers about a client.</p>	<p>You may either mail the consent forms or obtain the member's verbal consent over the phone. When consent is obtained by phone, please document on the consent form that verbal consent was obtained due to COVID 19 precautions.</p>	ADW	PC	TBIW
Q56	4/17/2020	<p>Is there any update on PPE, I contacted the health department and spoke with a man who works directly with the National Guard. I was told basically they do not have any PPE to give out for in home workers. That only 5% is marked for home</p>	<p>BMS has provided the Bureau for Public Health with a list of the ADW, TBIW and PC agencies that are providing essential in-home services. This will help to ensure the local health departments understanding of our providers needs for PPE.</p>	ADW	PC	TBIW

		<p>health type companies and of that they were only giving to companies that have positive Covid cases.</p>	<p>Please refer to the meeting notes from Dr. Lisa Costello's (WVU Medicine) presentation during the provider call on 4/10/20 regarding alternatives to masks/cloth facial coverings that may be used when assisting members that are not symptomatic or infected.</p> <p>Also, BMS recently learned of another resource for masks:</p> <p><b>WV Mask Army</b> These are masks made from deconstructed furnace filters, sewn by volunteers all over the state, and approved by physicians. There may be limits on order volume. The masks are \$2 each.</p> <p>Here is the link to their website and you can also find them on Facebook:</p> <p><a href="https://sites.google.com/view/wv-mask-army/home?authuser=0/">https://sites.google.com/view/wv-mask-army/home?authuser=0/</a></p> <p>Please note: When you click on the link, it indicates that they are currently serving only the Huntington and Charleston areas. This info is not up to date and they are now serving many other counties and have volunteers making masks all over the state.</p>			
Q57	4/17/2020	<p>Has there been a decision about a rate increase for the Personal Attendant agencies, I know they talk about "Hero Pay" for first responders Which they certainly deserve, but our workers certainly deserve a pay increase for putting their health and the health of their families on the line while taking care of the most vulnerable of our population.</p>	<p>BMS is currently evaluating options for temporary rate increases as a means of helping providers recruit and retain workers during the COVID 19 pandemic.</p>	ADW	PC	TBIW
Q58	4/17/2020	<p>If a worker is off due to COVID concerns and I have to hire another worker to cover for her, does she automatically get the job back when she returns or does the job belong to the new worker?</p>	<p>BMS cannot provide guidance on employment issues. You may contact the WV Division of Labor. (304) 558-7890</p>	ADW	PC	TBIW
Q59	4/17/2020	<p>What should the frequency be for our wellness check calls?</p>	<p>BMS did not issue a specific frequency on purpose. We felt that you know your members and their needs best, and you would be able to judge how frequently you should check in with them.</p>	ADW	PC	TBIW

			<p>It was suggested checking in at the same frequency as PA/DCW services were provided.</p> <p>But again, the agency knows their members best and should act accordingly. A member with informal supports may not need as many wellness calls as someone with no informal support.</p>			
Q60	4/17/2020	What do we do about signatures on an MNER? Are we able to get them over the phone?	<p>This was answered previously in Question 10. <b>Active members</b> may have trouble getting their doctors to sign an MNER. However, even if this occurs, expiration dates are being extended for three months and their level of service will continue. The form can be mailed to obtain signatures.</p> <p><b>New applicants</b> must have applicant's and physician's signature. Forms must be mailed, emailed, or faxed for signatures.</p>	ADW	PC	TBIW
Q61	4/17/2020	What about obtaining the member's signature on the MNER?	<p>You may get verbal consent for <b>existing members</b> at this time and be sure to document that it was obtained this way. Then attempt to get the physician's signature.</p> <p><b>New applicants</b> must be signed by both the applicant and the physician. You can mail, fax, or email (with proper HIPPA guidelines followed) the form to both the applicant and the physician.</p>	ADW	PC	TBIW
Q62	4/17/2020	How soon are we releasing slots?	<p>We currently have 307 people on the MEL and we recently amended the ADW application to add 503 additional slots. That puts us at a total of over 7,000 served year-to-date. Therefore, we have no plans at this time to release any slots.</p> <p>Pat Nisbet added that every time we release additional slots, BMS must amend the ADW application, so we will not be releasing slots at this time. Possibly at the beginning of the next fiscal year (July 1, 2020), we may release some slots. If agencies have applicants on the MEL, they should refer them for Personal Care services if they already have Medicaid or may qualify for Medicaid.</p> <p>The TBIW currently does not have slots available. Approved applicants will go onto the MEL. There will not be any additional slots until July 1, 2020.</p>	ADW		TBIW



Q63	4/17/2020	We have someone who would like to transfer to our agency. Are we still processing transfers?	<p>As discussed previously, it is difficult under the current situation, to process transfers. There are concerns about agencies accepting new participants when they are not able to do the home visit and assessments in person. There are also concerns for the PA who will be sent into a home for the first time when no home visit has been done by the CM and RN. We recommend that agencies educate their members about the potential risks of transferring at this time, however, if they still want to change agencies, a transfer can be done.</p> <p>Keep in mind the member is currently with an agency, which should mean things are basically ok. The agency that is being requested to take the member can look at the file in CareConnection and determine if they want to take the member.</p>	ADW	PC	TBIW
Q64	4/17/2020	Has there been a request for increased funding from the Federal government because of the current situation? I have heard from families who have a family member in a nursing home and they want to bring them home due to COVID 19.	<p>BMS currently has a work group that includes other Bureaus and programs and they are looking at making it easier for people to transition out of nursing homes. We know there are a lot of these individuals and we are trying to make them aware of the Take Me Home program as well as the Aged and Disabled and Traumatic Brain Injury Waiver programs. We are doing our best to help. If you have a specific situation you would like to discuss, please contact LuAnn Summers or Teresa McDonough at BMS.</p> <p>Marcus Canaday encouraged all providers to contact his office if they hear from families who want to transition a family member out of a nursing home, and they will try to help.</p>	ADW		TBIW
Q65	4/24/2020	We received the results of a DHHR protective services background check for a PA who is currently providing care for a family member that was marked "Records indicate that maltreatment had occurred by the individual". We have immediately stopped the PA from providing services (even though she was caring for her family member). My question is can we bill for the services that she has provided this month? And because she is caring for a	<p>Agencies are no longer required by BMS to utilize the DHHR protective services background check registry. If your agency has a policy for utilization of this registry, your agency will need to address what your agency plans to do with unfavorable findings. In the past, when required by BMS, the agency had been advised to no longer allow the PA to work, share the information with the PA, and have them contact the Registry to obtain the specifics.</p> <p>BMS no longer requires use of this registry so we cannot provide any directives if you are still utilizing it, you must refer to your</p>	ADW	PC	TBIW

		family member would the same process apply – meaning should I instruct her to follow up with DHHR to provide documentation of the issue?	agency policy. All pre-screening, effective 2015, is being conducted by WV CARES and all manual directives provided must be followed.			
Q66	4/24/2020	There is still a lot of confusion regarding MNER signatures for existing and for new applicants.	See Q10, Q60, and Q61	ADW	PC	TBIW
Q67	4/24/2020	Can an office scheduler be the person to contact the member to see if they need assistance and bill for the time.	See Q53 and Q54	ADW	PC	TBIW
Q68	4/24/2020	What if the applicant is unable to get the yellow DHS2 to the local DHHR office?	Contact LuAnn Summers for ADW and Teresa McDonough for PC and TBI preferably by email and we will contact KEPRO and have the form emailed or faxed. We will need to know the county office and ESW name if you have that. Remember the DHHR financial application is a local DHHR function so, KEPRO will not be able to assist with getting those submitted to the local DHHR.	ADW	PC	TBI
Q69	4/24/2020	With the current problems with getting signatures on MNER's, does KEPRO want agencies to contact them to get three-month extensions?	For Active people, KEPRO will see it in the system and will be in touch with Case Managers. For ADW, the provider will need to submit a Service Continuation request in CareConnection. For Personal Care, email Melody Cottrell. BMS will send out instructions on requesting continuations. This information was emailed out.	ADW	PC	TBI
Q70	4/24/2020	The state has received federal funding for COVID 19 and some of these funds have been allocated for senior programs. Is BMS planning on giving any of these funds to Waiver providers?	This particular federal funding has been allocated to programs such as Meals on Wheels and Senior Centers, non-profit agencies. Waiver providers will not receive any of this money, although some program members could benefit from other programs that received funding. (See Question 64)			
Q71	5/1/2020	With the state starting to open back up, which phase will we be adding in for RN's to be able to do home visits-Initial, 6 month, annual, and PAS, etc.	BMS requested and was granted an extension from CMS up until the end of June. So all measures that were put into place due to COVID 19, will remain in place until then.	ADW	PC	TBI
Q72	5/1/2020	During Covid 19 are members allowed to be traveling with their PA'S?	Members will need to continue to follow the current stay at home order where applicable. If a member absolutely needs to go to an essential business like a grocery store and requires a PA to provide assistance, both should follow CDC guidelines (social distancing,	ADW	PC	TBI

			<p>masks, etc.) and the specific store's measures to keep shoppers safe. Browsing around stores and casually shopping, has still not been allowed or advised.</p> <p>It has also been asked if PAs can take members for a drive to relieve feelings of depression from being required to remain in doors.</p>			
Q73	5/1/2020	If a member has requested to have their case put on hold, does the cm/rn still complete their six month/annual review during this time or when services resume?	No, if a member requested to be placed on hold, their 6 month and annual review will not need to take place.	ADW	PC	TBI
Q74	5/1/2020	Is the recent AHA guidelines for CPR certification that was shared only for AHA training?	If on AHA letterhead, it will only address AHA. If you are using another certification agency, you will need to contact them regarding what they are doing about CPR certification. We were also informed that The American Safety Institute is extending their expiration dates for 120 days.	ADW	PC	TBI
Q75	5/1/2020	Is the Bureau planning to continue to work from home until July?	The bureau's work at home plan was initially in place through June 30 however based on the Governor's recent guidance a return-to-work plan for earlier is currently being discussed. People with higher health risks may work from home longer. The return to work may be done in phases			
Q76	5/15/2020	Can BMS request that the Certificate of Need (CON) requirement for PC services be lifted, especially during this pandemic, when seniors and those with disabilities need help at home more than ever? If the CON cannot be lifted for PC services entirely, can ADW agencies be granted a PC waiver for its current Medicaid ADW counties?	<p>In late March BMS received a similar request to check with the Healthcare Authority (HCA) regarding flexibility with Certificates of Need (CON) during the COVID 19 pandemic. The HCA explained that that the approval of CONs is based upon a statewide Need Methodology which is evaluated against monthly service utilization data. Based upon the current utilization data, the existing methodology and process are sufficient to meet the demand for PC services.</p> <p>BMS does not have the authority to waive the CON requirement for PC provider agencies. If you are aware of issues that are preventing PC members from accessing services, please contact Teresa McDonough at BMS.</p>		PC	
Q77	5/15/2020	Given the recent announcement that WVDHHR/BMS will be seeking an Emergency State Plan Amendment to	At this time there are no plans to increase ADW, TBIW or PC rates but Commissioner Beane has indicated that additional funds for	ADW	PC	TBI

		increase daily rates by \$20 per day for all WV nursing homes, will the same be requested for Medicaid ADW providers?	HCBS providers may become available through the Federal Cares Act.			
Q78	5/15/2020	It is my understanding under Executive Order # 27-20, WVDHHR and the WV National Guard, in collaboration with WV nursing homes, are testing every WV nursing home resident and staff member for COVID-19 to mitigate the spread. Will a similar effort be implemented for Medicaid ADW beneficiaries, RNs, and agency personal attendants?	The Executive Order addressed mandatory testing only for nursing homes and BMS has not been informed of it being expanded to other programs. If this should change, providers will be notified.	ADW	PC	TBI
Q79	5/15/2020	On an earlier Friday conference call, am I correct in understanding that BMS indicated that they would be postponing implementation of the conflict-free Case Management policy for 12 months as well as the ADW Five-year Renewal application policy manual for 12 months? Please advise as to what is happening with the ADW Policy Manual that was out on comment. Some individuals never had an opportunity, given the Covid-19 pandemic, to submit comments. Can you provide an update? Will the manual be placed back out on comment?	<p>The proposed waiver applications that were planned to be implemented on July 1, 2020 have been postponed. Instead, the existing waivers are being renewed for a 12-month period (July 1, 2020 to June 30, 2021). This means that the current policy manuals will remain in place and proposed changes including CFCM will be delayed.</p> <p>Sometime after July 1, BMS will make periodic amendments to the waivers in order to implement necessary changes such as CFCM. From our experience with COVID 19, we may choose to incorporate “lessons learned” into the amendments. Providers and other stakeholders will be given the opportunity to make recommendations on new policies and procedures that may be appropriate in light of COVID 19.</p> <p>The public comments that were received in March -April for the proposed applications have been tracked and documented and will be taken into consideration when the waivers are amended. In addition, any amendments to the waivers made after July 1 will be posted 30-day public comment period so stakeholders will have another opportunity to make comments.</p>	ADW		TBI
Q80	5/15/2020	Several of my clients on the ADW program have put their services on hold, except for trips to the grocery store or other essential errands. How long can this hold continue without them losing their services?	At least through the end of June 2020. No cases will be closed strictly due to temporarily revised processes because of the Coronavirus. (This does not apply to closures due to unsafe environment or non-compliance)	ADW	PC	TBI

			Teresa McDonough added that providers should not place these participants on Hold in CareConnection. They should simply document it in their file.			
Q81	5/15/2020	When will state office staff return to normal hours and answer their phones?	<p>The agencies who oversee/administer the Waiver or other senior programs are keeping normal business hours, although we are working from home. We cannot speak for other state agencies.</p> <p>Teresa McDonough mentioned an email from Secretary Crouse explaining that they are working on a plan to bring state workers back into state offices and it will most likely be done in waves.</p> <p>Cecilia Brown added that BoSS is forwarding ADW and Personal Care calls to Susan Silverman's phone and Gina Tinsley is checking that voicemail every 10 minutes and either returns the call or refers it to another employee for follow-up.</p> <p>LuAnn Summers added that BMS's calls are forwarded to a computer system that sends the message to the appropriate staff member via their computer, so they are able to follow-up with their calls.</p>	ADW	PC	TBI
Q82	5/15/2020	Has there been any movement on "Hazard Pay"? We are finding it hard to staff our community members.	This question has been answered previously and we are not aware of any updates.	ADW	PC	TBI
Q83	5/29/2020	Though the pandemic projection is looking much better for us in Berkeley Springs, we are still struggling with Direct Care Workers/Personal Attendants to work. Can the PA-RN work as the personal attendant to a member if needed? If so, how would the billing be handled?	<p>Agencies may allow an RN to provide PA/DCW services but if the RN provides nursing services to a member, the same RN cannot be that member's PA/DCW. The RN can only serve in one capacity per member. The RN will also be required to bill the appropriate PA/DCW service code.</p> <p>BMS cannot speak to the Department of Labor Regulations but agencies may still be required to pay the RN's regular salary when they are performing/billing for PA/DCW services. Agencies are advised to contact the Dept. of Labor to confirm.</p>	ADW	PC	TBI
Q84	5/29/2020	When we start doing home visits again in July, what should we do if a client does not want us to come to their home because they are afraid of being exposed to COVID-19?	BMS continues to seek guidance from federal, state and local authorities regarding the timing for returning to normal activities including face-to-face home visits with program members. Currently, CMS has approved for these visits to be conducted by phone through June 30, 2020. It is likely that this timeline will be extended to allow for a phased-in approach to resuming normal	ADW	PC	TBI

			activities. BMS is currently developing a draft ‘reopening plan” that will be shared with providers and discussed during the next COVID 19 conference call.			
Q85	5/29/2020	If a nurse or a case manager has significant health issues and is at high-risk for complications for COVID-19, will they have the option to continue to conduct their assessments over the phone?	As stated in the answer to Q84, BMS is currently developing a draft “reopening plan” that will provide agencies with information for when and how we will return to normal activities including face-to-face visits by Case Managers and other agency staff. The draft plan will be discussed during the next COVID 19 conference call.	ADW	PC	TBI
Q86	5/29/2020	I have a question about community activities. I remember in a previous call it was discussed that a PA could take the client out for “a ride” if we felt it would be beneficial to their wellbeing. Can we bill for this, as there would not be interaction in the community?	Under the Governor’s current <u>Safer At Home</u> executive order, elderly and individuals more vulnerable to COVID 19 are “strongly encouraged to remain at home to the greatest extent possible. However, it is understood that some program members’ mental wellbeing is at risk due to prolonged isolation in their homes. If it is determined to be beneficial for a member to go for a drive in their community, the PA may provide and bill for this service. No more than 30 minutes will be approved for billing. Appropriate precautions should be taken. Please refer to previously shared CDC guidelines regarding precautions (Running Errands) and also other ways to assist with managing stress( Coping, Managing Stress) as preferred to taking a drive (attached).	ADW		TBI
Q87	5/29/2020	Regarding travel, there is the mileage cap of 300 miles per month, per client. If the PA needs to go over the 300-mile limit in an effort to purchase needed items for the participant, is that ok?	There is a process for requesting additional mileage. The form and instructions are on the Forms page on the BMS website.	ADW		
Q88	5/29/2020	Could you clarify the 30-minute time limit on travel?	The 30-minute time limit was introduced only during COVID 19 for stress management and to help alleviate “cabin fever” or feelings of isolation or depression for you clients.	ADW		TBI
Q89	5/29/2020	Do you feel like, once CM’s and RN’s begin going into the home – into small apartments and making multiple visits per day, wouldn’t we be putting our participants in danger?	We have discussed this in relation to the re-opening plan. We would like to have new PPE for each in-home visit. Additionally, in the beginning, you may only conduct one face-to-face visit per day instead of multiple visits. We may give participants/members the option to choose whether or not they want a face-to-face meeting or continue with telephone assessments, which could limit everyone’s exposure and risk. As we stated before, the plan will be flexible and phased in slowly always keeping the health of our clients, employees and their families foremost in mind. Some			



			things we have learned and processes we have had in place during COVID 19 may continue in our policies going forward.			
Q90	6/12/2020	<p>I have read the COVID 19 Questions &amp; Answers (Q&amp;A) document but I feel like Q8+11 gives me different answers.</p> <p>So – for the Annual Training Requirements – when is the date these must be completed under our current COVID guidelines.</p> <p>Since the governor allowed for gatherings of up to 100 – can we now make this in-person?</p>	<p>BMS, BoSS and Kepro are currently finalizing a “Reopening Plan” for the waiver and Personal Care programs. In the plan, staff training requirements will be reinstated beginning July 1, 2020 but agencies may continue to choose to conduct training remotely through electronic means, telephonically and/or using written training materials. This will allow agencies to use discretion when scheduling face-to-face training sessions.</p> <p>Staff that were unable to complete initial/annual training between March 13 and June 30, 2020 will be required to complete the trainings before Oct. 1, 2020. Again, the training may be completed face-to-face or remotely.</p>	ADW	PC	TBI
Q91	6/12/2020	Regarding question 11 in the Q & A. It says we are not required to submit the workers certification data "until the end of the calendar year". It has always been due by June 30th, the end of the fiscal year. Is this a change in reporting date or an error?	Q&A #11 is accurate. Typically, agencies are to submit their certification data to BoSS each year by June 30 <sup>th</sup> but due to COVID 19, the deadline was extended to Dec. 31, 2020.	ADW	PC	
Q92	6/12/2020	<p>Regarding ADW clients and essential errands and community activities, it is encouraged that the client stay home, but when it comes down to it, we can't make them. So, if our worker takes the client to a department store, restaurant or grocery store, that's ok, correct?</p> <p>Some of our clients feel that since the state is opening back up, then they are safe to go and do things they did pre COVID, with precautionary measures in place. I just want to ensure my staff is not doing anything wrong and that we would not have a disallowance at a review for something like this.</p>	<p>Yes, under the Governor's current reopening plan (The Comeback) <a href="https://governor.wv.gov/Documents/Covid%20Week%204/2020.05.10%20Large%20Retail%20Guidelines.pdf">https://governor.wv.gov/Documents/Covid%20Week%204/2020.05.10%20Large%20Retail%20Guidelines.pdf</a> agency staff may take members to stores, restaurants, etc. as needed. Staff and members are to continue to follow the governor's and CDC's guidelines during community outings and performing essential errands and these activities must be addressed in the members' service plans.</p>	ADW	PC	TBI
Q93	6/12/2020	We received information today on the newly released relief funds from the	CMS has confirmed that West Virginia and all other states have submitted the necessary data regarding the federal relief package	ADW	PC	TBI

		federal government. Do you all know how this will apply to agencies providing in-home services for Medicaid members?	but BMS is waiting for specific information on the use of funds—i.e. PPE, rate increases, etc. BMS will notify providers as soon as this information is received.			
Q94	6/12/2020	Regarding training – specifically remote training, does this include CPR and First Aid? Will they have to be re-done?	Not necessarily. For seasoned staff, they should be fine with online or video training. For a new hire, they would probably require more. Neither ADW nor TBI will require any provider to re-do video training.	ADW	PC	TBI
Q95	6/12/2020	When do you anticipate letting RN's and CM's go back into homes? Will this be at the discretion of the provider?	Yes. As of July 1. This decision was made in part to align with the Governor's plan to re-open nursing homes to some visitors.	ADW	PC	TBI
Q96	6/12/2020	Regarding CPR and First Aid, just to clarify, electronic training will be good through September 30?	Electronic training will be good through December 31.	ADW	PC	TBI
Q97	6/12/2020	Back to Question 91, we are normally required to submit our Continuing Certification Affidavit by June 30, but now we have until December 31?	You can turn it in by June 30, if you wish, but due to COVID 19, the deadline was extended to December 31.	ADW	PC	
Q98	6/12/2020	Regarding the Reopening Plan, what measures are in place to prevent providers from litigation if any of their members contract COVID 19 after in-home visits resume?	Our Plan does not cover this situation. BMS will check with CMS to see if they can provide any guidance, but if your agency has an attorney, we encourage you to check with them.	ADW	PC	TBI
Q99	6/12/2020	So, the state will not address this situation?	BMS will check with CMS.	ADW	PC	TBI
Q100	6/12/2020	Regarding trainings after Reopening, what about the additional training that is required?	If any training was due during the COVID 19 suspension, it must be caught up by September 30. Beginning July 1, any training that is due should be completed, keeping in mind that it can still be done virtually.	ADW	PC	TBI
Q101	6/12/2020	A Personal Care client went from a Level 2 to Level 1 with a telephone assessment. This person has had a stroke and may not have fully understood the questions and I believe they should still be Level 2. Do I still need to go through the normal process of requesting a Service Level increase through KEPRO?	Yes, that process is the same. You can request the Level of Service increase and submit any additional documentation. Also, this must be done within 14 days, or if it has been longer than that, please contact KEPRO.		PC	
Q102	6/26/2020	I understand we were given a grace period upon the expiration of certifications for direct care staff due to no in person	Although workers with expired certifications will appear as non-compliant in BoSS' online certification system, provider agencies will not be penalized for workers that had expired certifications	ADW	PC	

		<p>trainings. My agency was actually able to video record all of our recertification training topics and put them on our YouTube Channel for staff to review remotely. However, in the beginning while we were setting this up, some of the Direct Care Worker's certifications were late being renewed. When we update these certification dates in the Continuing Certification system, it shows non-compliance. How will that impact our Continuing Certification affidavit we submit each July? I know the Continuing Certification process is no longer used to assess paybacks but when we submit our affidavit each year, it requires us to be 100% compliant before it is accepted. As we enter the most recent re-certifications, we are finding some that were late due to COVID and we were wondering how best to address this? Thanks!</p>	<p>between March 13 and June 30, 2020. In addition, those workers that were unable to complete initial training or annual recertifications due to the pandemic will be granted until Sept. 30, 2020 to get their certifications back into compliance.</p> <p>The affidavit in BoSS' online certification system only requires the agency to attest that the data being submitted is accurate and represents all direct-care and professional workers for the review period. BMS and BoSS understand that some workers' training dates may reflect that initial or annual trainings could not be completed as required by policy due to the pandemic. Agencies will not be cited for lapses in workers' training that occurred during the time that training requirements were suspended. However, lapses in training that occurred prior to March 13, 2020 may be cited.</p>			
Q103	6/26/2020	<p>I am a Case Manager with ADW and we have not been out to client homes since March to complete reviews with the PA/PC RN's. As the State is opening back up, what is the stance on our return to the homes July 1?</p> <p>Many of our clients are still sending their homemakers to the store, continue social distancing, etc. as they are concerned for their safety and wellbeing. A few of them have opted to put homemaking services on hold, as a result.</p> <p>Two things, as much as we miss seeing our participant's, we do not want them to feel that they MUST allow us in their home to keep services and we do want to ensure their safety as we go forward. If I may</p>	<p>Effective July 1, 2020, Case Managers and RNs may resume face-to-face meetings with members in their homes, but it will not be mandatory to meet face-to-face. To prevent the risk of infection, Case Managers, RNs, and members are encouraged to continue to conduct these meetings electronically or by phone. The decision on whether to meet face-to-face should be based upon the member's needs and in consideration of the risk to the member and agency staff.</p>	ADW	PC	TBI

		suggest that reviews be the decision of the client and their comfort level of having us in their home, or if they prefer to participate in the review via phone, as we have been.				
Q104	6/26/2020	I need a little clarification please-When do the in-service trainings that were supposed to be entered by June 30, 2020 in the Continuing Certification need to be entered, I thought that during the conference call someone said Dec. 31, 2020- but then I was told we only have an extension to Sept, 2020 for the in-services, And any new trainings need entered by Dec 2020.	<p>The submission deadline of ADW and PC agency workers' training/certification data to BoSS' system is December 31, 2020. The time period for data being submitted to BoSS is July 1, 2019 to June 30, 2020.</p> <p>Effective 7/1/20, staff training/certification requirements will be reinstated. This means that new employees hired on/after July 1 will be required to complete initial training as required by policy prior to providing services. Also, active employees that are due for training updates on/after July 1 will be required to complete the trainings prior to their expiration dates in order to continue to provide services. Whenever possible, agencies are encouraged to continue conducting staff training electronically or through other remote methods.</p> <p>Workers that could not be trained due to the pandemic between March 13 and June 30, 2020 will have until Sept. 30, 2020 to get their training completed.</p> <p>Please note that trainings that have been completed electronically or by other remote means will be accepted by BoSS through Dec. 31, 2020. Workers that have completed remote trainings during this timeframe will not be required to be retrained until the worker's training is due to be updated.</p> <p>Per the June 2, 2020 letter from Jolynn Marra, Interim Inspector General, the requirement for fingerprinting will continue to be suspended until Sept. 1, 2020 due to many fingerprinting facilities remaining closed. Agencies are still required to prescreen new hires through the WV CARES system.</p>	ADW	PC	
Q105	6/26/2020	We are an ADW homemaker agency and we need some clarification regarding the date nurses can resume home visits. I have been following the	Please refer to Q&A 103. ADW Personal Attendant (PA) agency nurses may resume face-to-face visits in the members' homes on July 1, 2020 but the decision to meet face-to-face must be based upon the member's needs. If PA staff are currently providing services in the member's home, the PA is also responsible for	ADW	PC	TBI

		conference calls and it is unclear whether or not the state has decided to allow us to resume home visits at this time, or if that original date of June 30, 2020 has been extended. The concern is that the participants are not being monitored properly and we need our nurses in the homes to ensure our participants are receiving the proper level of care.	monitoring the member's condition and reporting any changes to the nurse involved with the case.  Although this question is specific to the ADW program, it is also applicable to the PC and TBI programs.			
Q106	6/26/2020	If a client's guardian was put to work as a DCW during the COVID 19 pandemic, when should they be pulled from service? Should they be pulled on July 1 <sup>st</sup> , September 30 <sup>th</sup> or can they continue to work until December 31 <sup>st</sup> ?	The exception that allows guardians to be paid workers will remain in effect until Dec. 31, 2020.	ADW	PC	TBI
Q107	6/26/2020	With the signatures that will be required for Assessments and Service Plans beginning July 1, will you allow for an extension on the current 7-day requirement to upload them into CareConnection?	CMS said we have 30 days to get signatures, so, yes, we will extend the deadline. BMS will put this directive in writing and will disseminate to providers next week.	ADW	PC	TBI
Q108	6/26/2020	We are having issues with PA's starting to work at our agency, but before we get their fingerprints done, they quit. Since they have provided services already, will there be any ramifications?	No. Due to the COVID suspension of fingerprinting, there is no way you could have gotten it done. Beginning July 1, however, this would not apply.	ADW	PC	TBI
Q109	6/26/2020	Did you say where we can find the Reopening Plan?	It was emailed to all providers around 9:00 a.m. this morning. It will also be posted on BMS's website. It will be on BoSS's website too.	ADW	PC	TBI
Q110	6/26/2020	Were you talking about medical eligibility assessments or financial eligibility assessments at July 1?	There have been no changes in financial eligibility requirements at this time. BMS has not received any information on this from DHHR.	ADW	PC	TBI
Q111	6/26/2020	In question 106, regarding Guardian training, do the changes beginning July 1 apply to them?	Yes. Any past due training must be caught up by October 1, 2020.	ADW	PC	TBI
Q112	6/26/2020	Beginning July 1, we have to obtain actual signatures even though we may continue	No. If you documented that you obtained verbal agreement with the member on Assessments done prior to July 1, you are fine.	ADW	PC	TBI

		to do Assessments via telephone. Do we have to go back and get signatures on Assessments done via telephone prior to July 1?				
Q113	6/26/2020	Has KEPRO resumed in-home visits?	No. Assessments have been done via telephone. They are following the same recommendations as providers.	ADW	PC	TBI
Q114	7/10/2020	<p>We would like to address a concern and get some guidance on how to move forward. We are an AD Waiver Homemaker agency, and we want our nurses to resume with home visits. We have been very careful through this entire pandemic, and have made certain that our homemakers, as well as our clients, are safe and healthy by providing the necessary education and PPE. As a result of our precautions, we have not had anyone sick with the virus. Ethically, we feel that it is necessary to do our visits in the home moving forward so that we may assure the clients' needs are being met, and we can be more at ease knowing that our nurses have eyes in the home.</p> <p>With that being said, the Case Management agencies are persistent about not wanting their workers to enter the homes yet. I need to know if it would be acceptable for our nurses to do the visits in the homes without the case managers present. We would complete the visits in the home and obtain the signatures at the end of the visit. Case Managers could complete their visits over the phone at their convenience separate from us.</p>	<p>At this time, BMS is not requiring home visits unless the member is requesting it or there is some documented reason for concern regarding the health and welfare of the member that warrants a home visit. Monitoring of the member is permitted via phone calls to the member from the CMA and/or follow up with the PAA who has a PA currently providing services.</p> <p>For service planning purposes, it is allowable for the service planning portion of the visit be done with the Case Manager in attendance in person OR by phone. The reverse is also acceptable— i.e. the RN conducts the assessment with the member electronically/telephonically and the CM be physically present with the member when the service planning meeting is held with the RN on the phone. The CM is the responsible individual to pull the service plan together with input from the member, PAA, and family members. All parties are to participate in the planning process at the same time, but this can be done with one or all parties participating remotely.</p>	ADW	PC	TBI



Q115	7/13/2020	With the NPI numbers, can you use one number for both PC and ADW?	Each applicable worker will be required to have only one NPI number regardless of the number of programs or agencies through which the worker provides and bills for services.	ADW	PC	TBI
Q116	7/13/2020	Regarding EVV, when is the state choosing a vendor?	The state will be awarding the EVV contract to the vendor later this month (July, 2020).	ADW	PC	TBI
Q117	7/13/2020	Will the vendor provide training/ assistance for obtaining individual NPI numbers?	Yes, following the award of the EVV contract, the vendor will provide training on the EVV solution. The training will include information for obtaining workers' NPI numbers, but providers may also view the instructions and FAQs that are available through the NPI website:	ADW	PC	TBI
Q118	7/13/2020	Is the deadline for obtaining the required NPI numbers being delayed to December 31, 2020?	Yes, the deadline for obtaining NPI numbers for Case Managers and workers that do not live with the member is December 31, 2020. Keep in mind, the CURES Act requires WV to implement EVV by Jan. 1, 2021 therefore agencies are strongly encouraged to obtain their workers' NPI numbers as soon as possible. Failure to have them prior to the implementation of EVV may result in claim denials.	ADW	PC	TBI
Q119	7/13/2020	Can you get an NPI number using an IPAD or smart phone or does it have to be done through a computer only?	The NPPES website can be accessed to apply for an NPI using a smartphone or IPAD. The user will be required to receive a registration number by text or email in order to access their account.	ADW	PC	TBI
Q120	7/13/2020	If someone already has an NPI number and you go into the system and search for them, will they come up as already having one?	The website that issues NPIs ( <a href="https://nppes.cms.hhs.gov">https://nppes.cms.hhs.gov</a> ) has a "Search NPI Records" link in the upper right side of the home page. You may search by the individual's name, address and other data fields.	ADW	PC	TBI
Q121	7/13/2020	Do we only have one EVV vendor to choose from?	The state will have only one EVV vendor that will make available an EVV solution (software) that agencies may use at no charge. Agencies may choose to purchase a different EVV solution, but it must meet the CURES Act requirements and interface with the state's EVV solution.	ADW	PC	TBI
Q122	7/13/2020	If an RN is billing Case Management, do they need an NPI number?	If an RN is billing for Case Management, the RN will be required to have an NPI number.	ADW		TBI
Q123	7/13/2020	Does an RN that bills Case Management have to use a different taxonomy code than the one recommended in letter.	RN's typically already have an NPI number and their existing number is to be used if the RN bills for Case Management services. It is not necessary for the RN to change their existing NPI number in order to bill for Case Management.	ADW		TBI

Q124	7/13/2020	Is there any cost to getting an NPI number?	There is no cost to obtaining an NPI number, but this added step to the hiring and claiming processes may increase the agency's administrative costs.	ADW	PC	TBI
Q125	7/13/2020	When EVV is in place, will Medicaid accept electronic records of service?	Medicaid currently allows electronic records and will continue to do so after the implementation of EVV. Please refer to policy 501.5 DOCUMENTATION AND RECORD RETENTION REQUIREMENTS: Required on-site documentation may be maintained in an electronic format as long as the documentation is accessible to individuals who may need to access it.  Electronic health record and electronic signature requirements are described in Chapter 100, General Administration and Information of the BMS Provider Manual.	ADW	PC	TBI
Q126	7/13/2020	Is there a list of what we can purchase to implement EVV, for example, laptops, iPads, etc.?	Following the award of the EVV contract, the EVV vendor will provide information regarding requirements and types of devices that can be used by staff to log in/out of the EVV solution.	ADW	PC	TBI
Q127	7/13/2020	If a participant is comfortable with staff people coming in their home, is this ok?	Yes, as of July 1, 2020 face-to-face visits are allowed but providers are strongly encouraged to do so only when necessary and to take appropriate precautions.	ADW	PC	TBI
Q128	7/13/2020	As far as Service Plan uploads to KEPRO within seven days, is there going to be an extension to the deadline for obtaining original signatures?	Due to COVID 19, agencies now have 30 calendar days to upload the service plan and signature page(s) into Careconnection.	ADW	PC	TBI
Q129	7/13/2020	If we cannot get the original signature page back, timely or not, will we revisit this requirement for actual signatures?	If you have made a reasonable effort but have been unable to obtain the member's signature on the service plan, please contact BMS to discuss the need to visit the member to obtain the signature or possible alternatives.	ADW	PC	TBI
Q130	7/13/2020	Our agency has had several PA's test positive for COVID 19. When can they return to work? What are the specific guidelines?	Family member or other informal support caring for the person: <a href="https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html">https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html</a>  Healthcare workers return to work: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html</a>	ADW	PC	TBI
Q131	7/13/2020	Does the state have to approve the EVV vendor if agency uses one that's different from the state's contractor?	If an agency chooses not to use the state's contracted EVV vendor's system, the agency's chosen system must meet the requirements of the CURES Act and interface with the state's EVV solution. BMS and the EVV vendor will be available to provide technical assistance to	ADW	PC	TBI

			help ensure an agency's EVV system meets these requirements but will not approve the agency's choice of EVV system.			
Q132	7/13/2020	Will other types of devices, other than smart phones, be allowed for EVV?	The state's EVV RFP required options other than smart phones for workers that may not have those devices. Each of the EVV vendors that submitted proposals offered different approaches to this requirement therefore BMS cannot provide the specific types of devices that will be allowed until the contract has been awarded later in July. This will be addressed during training sessions conducted by the EVV vendor.	ADW	PC	TBI
Q133	7/13/2020	Will Providers be responsible for the administrative costs associated with NPI?	Yes	ADW	PC	TBI
Q134	7/13/2020	Will the provider have to cover the costs associated with EVV?	The contracted EVV vendor will make their EVV solution (software) available to providers at no cost. Providers that choose to use a different EVV solution will be responsible for the cost of that software.	ADW	PC	TBI
Q135	7/13/2020	Can agencies obtain hard copies of competency quizzes for online staff certification courses?	Yes, BoSS will email competency quizzes to providers so they can be printed and completed by staff.	ADW	PC	TBI
Q136	7/13/2020	Can separate signature documents be signed by member, CM and RN and Personal Care agency? Faxing? Emailing?	<p>Please use the new ADW one-page Signature Page (attached to the 7.14.20 email). A separate Signature Page may be sent to the member, ADW RN and the PC RN (dual). The CM will maintain, sign the original Service Plan and attach the signed one-page Signature Pages from each team member to the Plan. The CM will upload to Kepro's Careconnection. Electronic signatures are allowed but must meet BMS' requirements. Faxed and scanned/emailed documents are also acceptable.</p> <p>501.13: A copy of all Service Plans must be provided to the member/legal representative, Personal Attendant agency or PPL Resource Consultant. The case management agency must have the original document in the person's file.</p>	ADW	PC	TBI?
Q137	7/13/2020	What if member still won't send signature page back within 30 days?	Please document on the Service Plan the date sent to member for request for signature. In the CM notes, document any subsequent attempts made and the reason the member has not returned the document (Example: Member reports that she has lost the document, form sent to member 3rd times member has dementia, etc.).	ADW	PC	TBI

Q138	7/24/20	I've been participating on weekly calls with an Emergency Management group. They mentioned that rapid tests were something that we might want to considering doing weekly with our employees. Are these tests something BMS could provide to us?	This question was forwarded to the Bureau for Public Health and their response was that rapid tests are not widely available and using them to test asymptomatic individuals is not fully recommended. This is because if an individual has been recently infected and the amount of virus present in their body is low, the rapid test may not detect the virus and report a false negative. A negative result from a rapid test may still require a confirmatory polymerase chain reaction (PCR) test.	ADW	PC	TBI
Q139	7/24/2020	AD Waiver Case Management does not bill per unit like nurses do, we are allocated one flat fee per month, per client, no matter what we do for them in the month (home visit, multiple calls, linking etc.). What would be the benefit of each of us having our own separate NPI numbers? Is the state considering allowing us additional funding through billable units (which would make more sense for us to have our own numbers)?	<p>EVV systems require workers to have a unique identifier which is used to track the worker's time and billing regardless of how many programs or agencies the worker may bill through. WV has chosen to use an NPI number as this unique identifier. As the worker clocks in and out of the EVV system, that data is linked to the agency's service claims and this linking is made possible with the worker's NPI number. For direct-care workers and nurses it does make more sense than it does for the Case Managers that bill the once-a-month event code. For example, if an agency bills for units of direct-care services for a specific date but the EVV system doesn't reflect that the worker clocked in/out for that member on that date, then the agency's claim will not be processed.</p> <p>Although Case Managers don't bill with units of service on specific dates, Case Managers will be required to use EVV when they conduct home visits. The details won't be finalized until the EVV vendor is awarded the contract but the EVV system could be set up to deny the agency's Case Management claim for the month if the EVV system doesn't reflect that the Case Manager conducted a home visit for that month. (This is assuming that the state follows through with requiring monthly home visits. This was planned as a means of increasing the oversight of members' health and wellness but monthly visits are currently being reconsidered based upon lessons learned from dealing with the pandemic.)</p>	ADW	PC	
Q140	7/24/2020	I have a question about KEPRO and COVID. I submitted 5 MNER's yesterday and in place of the Applicant/Participant/ signature I have Implied Consent   COVID 19 because this is what I was told to put on the MNER the last time I submitted one. Now KEPRO is saying that under the signature on the MNER I need to write	BMS requests that under the signature on the MNER, the CM/RN print the member's name and indicate that received verbal consent from the member and the date it was given.	ADW	PC	TBI

		the/ person's name and giving verbal consent and date it was given. Please provide clarification.			
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If you would like to have considered for inclusion on future calls to:

ADW: [LuAnn.S.Summers@wv.gov](mailto:LuAnn.S.Summers@wv.gov)

PC & TBIW: [Teresa.M.Mcdonough@wv.gov](mailto:Teresa.M.Mcdonough@wv.gov)

Please put **"Policy Clarification"** in the subject line when submitting questions