



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Medical Services

Bill J. Crouch
Cabinet Secretary

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Commissioner

TO: WV Aged and Disabled Waiver (ADW) Providers

FROM: Cynthia Beane, MSW, LCSW *CB*
Commissioner

DATE: March 23, 2020

SUBJECT: Coronavirus Disease (COVID-19) Precautions

Due to the World Health Organization declaring Coronavirus disease (COVID-19) a pandemic, the West Virginia Bureau for Medical Services (BMS) is allowing for the following preventative measures in the ADW program. These measures went into effect on March 13, 2020 and will remain in place through June 30, 2020. Working closely with the Centers for Medicare and Medicaid (CMS), BMS will monitor the impact of the pandemic and notify providers and members of additional precautions or extensions.

Staff Training: Staff qualification requirements other than being 18 years of age (Initial and annual training including CPR; First Aid; Universal Precautions; Personal Attendant Skills/Assisting with ADLs; Abuse/Neglect/Exploitation Identification & Reporting; HIPAA; Direct Care Ethics; Member Health & Welfare; and Person-Centered Planning & Service Plan Development) and fingerprint criminal background check will be suspended until 7/1/2020. The screening of new employees through the WV CARES system will continue to be required.

Provider agencies may provide on-line training for courses including 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.

Member Eligibility Assessments: Initial eligibility assessments of applicants and annual reassessments of active members will be conducted by phone or electronically with the member, their legal guardian (if applicable) and other respondents to avoid exposure of/by the assessor traveling from home to home. If the assessment is conducted electronically (i.e. Skype, Zoom, etc.) it must be conducted using a secure network. Any reassessments that cannot be conducted by these methods will be done as soon as possible and be retroactive to the date of the member's anchor date.

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Active members that choose not to be reassessed by phone/electronically may continue to receive currently authorized services for up to three months after the member's anchor date.

Provider Monitoring: BoSS will conduct agency recertification and quality monitoring reviews remotely rather than sending the Nurse Monitors to the agencies. If necessary, the provider certification and monitoring process will be suspended until 7/1/2020.

Member Service Planning: Annual and six-month planning meetings are to be conducted electronically or by phone. Service plans/revisions may be approved with a retroactive approval date back to 3/13/2020. For service plans that are expiring and are currently meeting an active waiver member's needs but a new plan is unable to be developed due to ongoing pandemic issues, the time limit to be approved by the anchor date will be extended by three months past the anchor date, when monthly telephonic monitoring is provided to ensure the plan continues to meet the member's needs.

Service Limits: The service limit (Level A, B, C or D) for Personal Attendant services may be exceeded should the member's primary care provider become unable to provide services/supports. Members will be allowed to receive fewer than one service per month for a period of one hundred ten (110) days without being subject to discharge.

Essential Errands: The limit on the amount of Personal Attendant units for performing essential errands for the member is suspended until 7/1/2020.

Legal Representatives: Legal representatives may be allowed to be paid Personal Attendants should the member's primary caregiver become unable to provide services/supports.

Routine Meetings: Quarterly provider meetings; Quality Improvement & Advisory Council (QIA) Meetings and related workgroup meetings; and Contract Management meetings will be conducted by phone or webinar.

Skilled Nursing: Skilled nursing services may be provided electronically via a secure network. This will allow nurses to perform necessary observations remotely utilizing telehealth modality.

Case Management Home Visits: Case Management home visits are to be conducted via telephone and no face-to-face visits are permitted unless they are required for the Case Manager to intervene in an emergency circumstance. It is especially important to review members' 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.

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Personal Options Meetings: Members/legal representatives that choose to self-direct services will not be required to have a face-to-face enrollment meeting with the PPL Resource Consultant. Instead, the meeting will be conducted by phone and required forms will be signed electronically or sent through mail. Six month and annual meetings with the Resource Consultant will also be conducted by phone.

Supports for Hospitalized Members: Should a member be hospitalized due to COVID-19, the member may be authorized to receive Personal Attendant services as needed during the hospitalization. This is limited to members that have substantial communication or behavioral needs.

As stated in the March 13, 2020 notification, this is an ongoing situation and BMS will continue to make updates as information becomes available. Future updates regarding COVID 19 preventative measures will be provided through the now established Question and Answer (Q&A) format.

Please monitor the Centers for Disease Control and Prevention (CDC) website for guidance on workforce protections:

<https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>

CMS has also issued relevant guidance at the following link:

<https://www.cms.gov/files/document/qso-20-17-all.pdf>