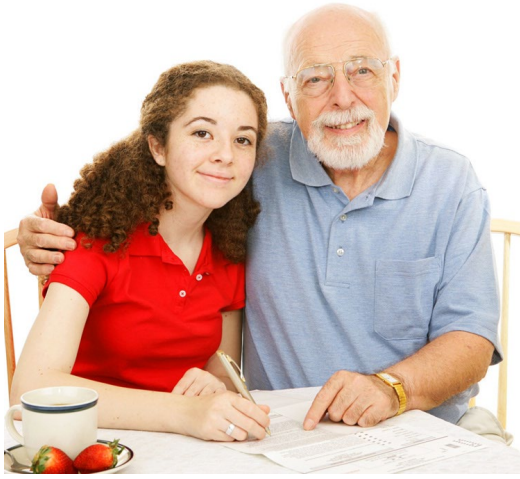
Aged and Disabled Waiver (ADW), Intellectual and Developmental Disabilities Waiver (IDDW), Children w/ Disabilities Community Services Program (CDCSP) Traumatic Brain Injury Waiver (TBIW) and Personal Care Services Program (PC)



Bureau for Medical Services Waiver Training

WEST VIRGINIA
Department of
Health & Human Resources
BUREAU FOR
MEDICAL SERVICES

Agenda

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

- Children with Serious Emotional Disorder (CSED)
- Aged and Disabled Waiver (ADW) application/renewal process
- Intellectual and Developmental Disabilities Waiver (IDDW) application/renewal process
- Traumatic Brain Injury Waiver (TBIW) application/renewal process
- Children w/ Disabilities Community Services Program (CDCSP)
- Personal Care (PC) Services program
- Questions and answers

Waiver Programs

The Bureau for Medical Services (BMS) has four Home and Community Based Waiver (known as Title XIX) programs and one State Plan Program known as the Personal Care Services Program:

1. Aged and Disabled Waiver (ADW)
2. Intellectual/Developmental Disabilities Waiver (IDDW)
3. Traumatic Brain Injury Waiver (TBIW)
4. Children with Serious Emotional Disorders (CSED)
5. Personal Care (PC) Services Program

Additionally, the Children w/ Disabilities Community Services Program (CDCSP) provides a Medicaid card to children with certain disabilities, who would normally be excluded from Medicaid due to parental income.

Aged and Disabled Waiver (ADW)

ADW OVERVIEW

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BUREAU FOR MEDICAL SERVICES

- Program Overview
- ADW Eligibility
- Glossary of Terms
- ADW Services
- Applicant/Eligibility Process
  - Initial Financial Eligibility
  - Initial Medical Eligibility
- Managed Enrollment List (MEL)
  - Coming off the MEL
  - MEL properties
- Annual Re-determination of Medical and Financial Eligibility

All information can be found in Chapter 501, ADW Policy Manual.

ADW Program

The ADW program is defined as a long-term care alternative that provides services that enable a person to remain at or return home rather than receive nursing home care. The program provides home and community-based services to West Virginia residents who are eligible to participate in the program.

Eligibility:

- Must be 18 years of age or older.
- Must be a permanent resident of West Virginia. The individual may be discharged or transferred from a nursing home in any county of the state, or in another state, as long as his/her permanent residence is in West Virginia.
- Must meet the Medicaid Waiver financial eligibility criteria for the program as determined by the West Virginia Department of Health and Human Resources (DHHR) county office, or the Social Security Administration (SSA), if an active SSI (Supplemental Security Income) recipient.
- Must be approved as medically eligible for nursing home level of care and in need of services.
- Must choose to participate in the ADW program as an alternative to nursing home care.

❖ **Enrollment in the ADW program is dependent upon the availability of a funded ADW slot.**

ADW Glossary

- **Case Management Agency (CMA):** Agency selected by the ADW member to provide case management services.
- **Fiscal/Employer Agent (F/EA):** Contracted agent, under Personal Options, who receives, disburses, and tracks funds based on a person's approved service plans and budget.
- **Home and Community Based Services (HCBS):** Services which enable individuals to remain in the community setting rather than being admitted to a Long-Term Care Facility (LTCF).
- **Managed Enrollment List (MEL):** Once an applicant has been determined financially and medically eligible, they will be placed on this list until a slot becomes available.

ADW Glossary (Cont.)

- **Medical Necessity Evaluation Request (MNER):** Form completed by the ADW applicant's physician, DO, physician assistant (PA), or Nurse Practitioner (NP) indicating the need for ADW services along with ICD-10 Codes. The MNER begins the ADW application process.
- **Operating Agency (OA):** BMS's contracted vendor responsible for day-to-day operations and oversight of the ADW program.
- **Utilization Management Contractor (UMC):** The UMC grants prior authorization for services provided to people enrolled in the West Virginia Medicaid ADW program. The UMC utilizes nationally recognized medical appropriateness criteria established and approved by BMS for medical necessity reviews.

ADW Services

The following services are available via the Traditional Service Delivery Model:

- Personal attendant
- Case management
- Skilled nursing
- Non-medical transportation
- Personal Emergency Response system (PERS)
- EAA (Home and Vehicle)
- Adult Medical Daycare

Personal Options Model has same services with the exception of Skilled Nursing

ADW Applicant Eligibility Process

Medicaid policy Chapter 501, Section 501.10 Application Process

Effective December 1, 2015, financial eligibility (based on ADW financial limits) is determined first.

- The applicant's medical provider completes the MNER form.
- The MNER is submitted to the UMC.
  - Within two business days of receipt of a complete/accurate MNER, the UMC sends the applicant an initial confirmation letter explaining that financial eligibility must be determined before medical eligibility will be completed.
  - The letter includes acknowledgement of receipt of the MNER and the Long-Term Care (LTC) Financial Application. The UMC also emails the yellow DHS-2 form to the local DHHR signifying receipt of the MNER and the beginning of the ADW application process.

ADW Applicant Eligibility Process (Cont.)

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Initial Financial Eligibility

- The applicant must submit the completed LTC application to the local DHHR.
- The yellow DHS-2 form is faxed to the local DHHR from the UMC.
- The DHHR Economic Services Worker (ESW) will process the LTC application then return the completed yellow DHS2 form to the UMC to indicate the financial eligibility status.

    - If financially eligible, the UMC will schedule the in-home face-to-face Pre-Admission Screening (PAS) medical assessment.
    - If the LTC application is not submitted to the DHHR, not fully completed, or if requested documentation is not provided, the application will be closed by the DHHR as not eligible for not submitting paperwork.
    - If the yellow DHS2 is not submitted by the DHHR to the UMC, the UMC will close the applicant at 90 days from the date of the initial confirmation letter that was sent to the applicant.
    - If the applicant is over the income/asset eligibility, the case will be closed.

ADW Applicant Eligibility Process (Cont.)

Medical Eligibility will be determined after financial eligibility is confirmed.

- Medical eligibility determination will not occur until the yellow DHS-2 form is returned to UMC from the DHHR and states that the applicant is financially eligible.
- Once the applicant is determined medically eligible, a white DHS2 will be emailed to the local DHHR ESW.
- This white DHS2 signifies medical eligibility to the DHHR ESW and requires that the financial eligibility be re-confirmed.
- The DHHR ESW will confirm the financial eligibility one last time by completing and submitting the white DHS2 to the UMC.

ADW Applicant Eligibility Process (Cont.)

Once financial eligibility and medical eligibility have been determined, the applicant will then be placed on the Managed Enrollment List (MEL).

- While the applicant is on the waitlist, they will not be required to do financial eligibility every 90 days.
- The past several years, applicants have been released the following week, so no wait-list has been in place.

Coming off the MEL - Financial Eligibility

- BMS has instructed the UMC to release slots for any applicants that were determined financially and medically eligible the Monday of each week.
- If the wait-list is reinstated, BMS will direct the UMC when to release slots.
- The applicant has approximately 60 calendar days from the date requested of the local DHHR to provide any requested information.
- Once the white DHS2 is returned to the UMC, the Operating Agency (OA) is notified of the eligibility.
- The OA will verify proper coding then enroll the applicant on to the program.

ADW MEL

- Many factors can affect an individual's movement on the MEL.
- Date of accepted MNER is the date utilized for placement on the MEL.
- Due to all the things that can affect movement, it is difficult to provide a time period.
- Have individuals contact BMS or BoSS for MEL information.

Annual Financial/Medical Eligibility Verification

- Financial eligibility and Medical eligibility must be completed annually.
- The UMC will schedule the annual PAS on the Anchor Date of the initial PAS.
- The ADW members must provide the Notice of Decision (NOD) letter from the UMC to the ESW to verify that the person is still medically eligible for the program and continues to have a slot.
- The DHHR ESW determines continued financial eligibility.
- If the ADW members fails to provide the requested documents or make themselves available for the PAS, they risk losing services.

Notice of Decision (NOD)

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KEPRO
INTELLIGENT VALUE

NOTICE OF DECISION RE-EVALUATION ASSESSMENT – APPROVED

Record ID: 0000000
304-555-5555

Date: September 25, 2017

MEMBER NAME
STREET ADDRESS
CITY, STATE, ZIP CODE

Dear MEMBER NAME,

KEPRO recently conducted your annual re-evaluation of medical eligibility for the Aged and Disabled Waiver Program. You have been determined medically eligible to continue to receive Waiver services.

The number of homemaker service hours approved is based on your medical needs and cannot exceed 124 hours per month.

This decision is based on policy in the Medicaid Program Regulations, Aged and Disabled Waiver Policy Manual, Chapter 501.9.1 and the Pre-Admission Screening Form (attached).

FAIR HEARING: If you do not agree with the decision, you may ask for a Fair Hearing and/or a Pre-Hearing Conference. A form to ask for a Fair Hearing and/or Pre-Hearing Conference is enclosed. If this action is a reduction of your benefit, your services may continue at the current level until your hearing is held, if the hearing is requested within thirteen (13) days of the date of this notice. Otherwise, you must ask for a Hearing/Pre-Hearing Conference within ninety (90) days. To do this, complete the form and submit it to the address on the bottom of the form.

The following organizations provide free legal services to eligible persons:
(1) Legal Aid of WV, 922 Quarrier Street, Charleston, WV, 25301, 1-866-255-4370; with offices in Beckley, Princeton, Huntington, Wheeling, Parkersburg, Clarksburg, Martinsburg, Logan; or
(2) Disability Rights of WV, 1207 Quarrier Street, Charleston, WV, 25301, 1-800-950-5250; or
(3) Mountain State Justice, 1031 Quarrier Street, Charleston, WV, 25301, 1-800-319-7132.

You have the right of access to your file and to obtain copies free of charge. To request a copy of your file please complete the attached Request for Release of Medical Information Form and mail it to KEPRO at the address listed on the form (100 Capitol Street, Suite 600, Charleston, WV, 25301). The department will assist in arranging transportation to the hearing, if needed.

If you have any questions, you may contact the Bureau of Senior Services at (304) 558-3317 or 1-866-767-1575.

Enclosures: Policy 501.9.1
Pre-Admission Screening Assessment
Release of Information Form
Fair Hearing Request Form

Contact Information

LuAnn Summers, ADW Program Manager
West Virginia Department of Health and Human Resources
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301
Phone: (304) 352-4270
Email: LuAnn.S.Summers@wv.gov

Susan Silverman, Director of Medicaid Operations
West Virginia Bureau of Senior Services
1900 Kanawha Blvd., East
Charleston, WV 25305
Phone: (304) 558-3317
Email: Susan.R.Silverman@wv.gov

Intellectual and Developmental Disabilities Waiver (IDDW)

IDDW Overview

IDDW:

- Application Process
- Initial Eligibility Determination Process
- Initial Medical Eligibility
- Diagnosis
- Functionality
- Active Treatment
- Initial Financial Eligibility
- Determination of Initial Financial Eligibility
- Slot Allocation Referral and Selection Process
- Eligibility Effective Date
- Annual Re-determination of Medical and Financial Eligibility

All information can be found in Chapter 513, IDDW Policy Manual.

IDDW Program

The IDDW program is West Virginia's home and community-based services program for individuals with intellectual and/or developmental disabilities. The program reimburses for services to instruct, train, support, supervise, and assist individuals who have intellectual and/or developmental disabilities in achieving the highest level of independence and self-sufficiency possible. IDDW provides services based on a person's annual functional assessment and assigned individualized budget in natural settings, homes and communities where the person resides, work and shops.

Eligibility:

- Must meet medical eligibility.
- Must meet financial eligibility.
- Must be at least three years of age.
- Must be a resident of West Virginia, and be able to provide proof of residency upon application.
- Must choose home and community-based services over services in an institutional setting Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

❖ **Enrollment in the IDDW program is dependent upon the availability of a funded IDDW slot.**

IDDW Glossary

- **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID):** An institution for persons with intellectual disabilities that provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his greatest ability as defined in 42 CFR 435.1010.
- **Independent Psychologist (IP):** A West Virginia licensed psychologist who is a West Virginia Medicaid provider who performs comprehensive psychological evaluations independent of IDDW providers and who is a member of the Independent Psychologist Network (IPN) trained by the Medical Eligibility Contracted Agent (MECA).
- **Independent Psychological Evaluation (IPE):** An evaluation completed by a psychologist of the IPN that includes background information, behavioral observations, documentation that addresses the six major life areas, developmental history, mental status examination, diagnosis and prognosis.

IDDW Glossary (Cont.)

- **Independent Psychologist Network (IPN):** West Virginia licensed psychologists who are enrolled West Virginia Medicaid providers and have completed the required IPN training provided by the MECA and agreed to complete the IPE as defined.
- **Medical Eligibility Contracted Agent (MECA):** Contracted agent of BMS responsible for the determination of medical eligibility for IDDW applicants, annual redeterminations of continued eligibility for individuals and recruiting and training licensed psychologists for participation in the IPN.

IDDW Glossary (Cont.)

- **Utilization Management Contractor (UMC)**: The contracted agent of BMS responsible for processing initial applications, investigating complaints, assessing waiver persons' needs, functionality and supports and determining an individualized budget. The UMC also provides education for persons, their families, their workers, and IDDW providers. The UMC is authorized to grant prior authorization for services provided to West Virginia Medicaid persons. The UMC utilizes nationally recognized medical appropriateness criteria established and approved by BMS for medical necessity reviews. The UMC interfaces with the claims management system to ensure that purchased services are properly reimbursed.

IDDW Program (Cont.)

- The applicant must have a written determination that they meet medical eligibility criteria. Initial medical eligibility is determined by the Medical Eligibility Contracted Agent (MECA) through review of an Independent Psychological Evaluation (IPE) report completed by a member of the Independent Psychologist Network (IPN), which may include: background information, mental status examination, a measure of intelligence, adaptive behavior, achievement and any other documentation deemed appropriate.

- If an IDDW slot is available, then the applicant must establish financial eligibility before being enrolled in the IDDW program. If a slot is not available, the applicant is placed on a waitlist. When a slot becomes available, then the applicant is informed and must establish financial eligibility before being enrolled on the IDDW program.

IDDW Application Process

Each new applicant must follow the eligibility process for both medical eligibility and financial eligibility. An applicant first has medical eligibility determined and then has financial eligibility determined when a funded slot is available.

IDDW Initial Eligibility Determination

- An applicant may obtain an application form (WV-BMS-IDD-1) from a Licensed Behavioral Health Center, IDDW providers, county DHHR offices, Aging and Disability Resource Network (ADRN), the UMC and on the IDDW website (see hyperlink below). Completed applications must be submitted to the UMC (information is located on the application). **http://www.dhhr.wv.gov/bms/Programs/WaiverPrograms/IDDW/Documents/IDD%20Forms/IDD_01_Application_20160301.pdf**
- Upon receipt of the WV-BMS-IDD-1, the UMC time and date stamps the application.
- The UMC will contact the applicant within three business days upon receipt of the WV-BMS-IDD-1 and provide them with a list of IP in the IPN.
- The applicant chooses a psychologist and completes the **IPN Response Form**, then submits this to the UMC within 14 days.
- The UMC forwards the **IPN Response Form** to the MECA.

IDDW Initial Eligibility Determination (Cont.)

- Initial eligibility assessments will be completed by an IP, who is a member of the IPN, using the IPE.
- The IPE may include:
  - Background information
  - Mental status examination
  - A measure of intelligence
  - Adaptive behavior
  - Achievement
  - Other documentation deemed necessary – i.e., verification of medical diagnosis, Individual Education Plan (IEP), etc.

IDDW Initial Eligibility Determination (Cont.)

- The IP completes the IPE and submits it directly to the MECA.
- The IPE is utilized by the MECA to make a medical eligibility determination.
- The reviewer at the MECA will verify clinical information (diagnosis, deficits, etc.) and make a determination regarding eligibility within 30 days of receipt of the completed IPE.
- Timeline Summary:
  - 60 days for IP to submit IPE
  - 30 days for the MECA to make a determination
  - 90 days total between application and determination
- A written notice of decision (NOD) is mailed to the applicant and/or their legal representative by the UMC.

IDDW Initial Eligibility Determination (Cont.)

- If an applicant is approved for medical eligibility by the MECA, a funded IDDW slot is available and financial eligibility is established, then the applicant is enrolled into the IDDW program.
- If a slot is not available, then the applicant will be placed on a waitlist until a funded slot allocation is available and financial eligibility is established.

IDDW Initial Eligibility Determination (Cont.)

If an applicant is determined not to be medically eligible by the MECA:

- A written NOD, a Request for Medicaid Fair Hearing form and a copy of the IPE is mailed by the UMC by certified mail to the applicant or their legal representative.
- This denial of medical eligibility may be appealed by the applicant or their legal representative through the Medicaid Fair Hearing process by submitting the Request for Medicaid Fair Hearing form to the Board of Review within 90 days of receipt of the NOD.
- The NOD letter also allows the applicant or their legal representative to request a second medical evaluation.

Initial Medical Eligibility

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To be medically eligible:

- The applicant must require the level of care and services provided in an ICF/IID as evidenced by required evaluations and other information requested by the IP or the MECA and corroborated by narrative descriptions of functioning and reported history.
- An ICF/IID provides services in an institutional setting for persons with intellectual disability or a related condition. An ICF/IID provides monitoring, supervision, training, and supports.

Initial Medical Eligibility (Cont.)

Evaluations of the applicant must demonstrate:

- A need for intensive instruction, services, assistance, and supervision in order to learn new skills, maintain current level of skills, and/or increase independence in activities of daily living; and
- A need for the same level of care and services that is provided in an ICF/IID.

Initial Financial Eligibility

- Upon notification that an IDDW slot is available, the applicant or legal representative must make an application for financial eligibility at a county DHHR office.
- The NOD letter for medical eligibility for the IDDW program must be presented to the Economic Service Worker (ESW) before financial eligibility can be determined.

Initial Financial Eligibility (Cont.)

- An applicant for IDDW services who does not currently participate in a full-coverage Medicaid group and receives a Medicaid card completes the application form, DFA-2, with an ESW.
- The ESW processes the application, makes a financial eligibility decision, and notifies the applicant through written form (Economic Services Notification Letter – ESNL-A).
- An applicant for IDDW services, who participates in a full-coverage Medicaid group such as an SSI or deemed SSI, completes an abbreviated application form, the DFA-LTC-5, which evaluates annuities, trusts, and/or potential transfers of resources in relation to financial eligibility for the additional IDDW services.

Initial Financial Eligibility (Cont.)

- The ESW also provides written verification (ESNL-A) of financial application to the person and/or their legal representative.
- When approved financially by the ESW, the ESW will process the assistance group in the data system, Recipient Automated Payment and Information Data System, which facilitates triggers to BMS in order for payment for eligible medical services to occur to eligible Medicaid providers.

Determination of Initial Financial Eligibility

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The applicant must meet the following financial eligibility criteria:

- The applicant's monthly income may not exceed 300% of the current maximum monthly Supplemental Security Income (SSI) payment for a single individual.
- The maximum monthly SSI payment may be found by contacting the county DHHR office or local Social Security Administration office.
- Applicants who are found to be financially eligible will receive a letter (ESNL-A) from DHHR.
- Only the applicant's personal income is considered for determination.
- The parent's or spouse's income is not considered when determining financial eligibility.
- An applicant does not have to be SSI eligible to become eligible for the IDDW program.

Determination of Initial Financial Eligibility (Cont.)

- An individual's assets, excluding residence, furnishings, and personal vehicle (owned and registered in person's name) may not exceed $2,000.
- The parent's assets are not considered when determining financial eligibility.

Slot Allocation Referral and Selection Process

Provided a funded IDDW slot is available, the allocation process is based on:

- The chronological order by date of the UMC's receipt of the fully completed initial application (WV-BMS I/DD-1) that includes approval of eligibility from the MECA or;
- The date of a fair hearing decision if medical eligibility is established as a result of a Medicaid Fair Hearing.

Slot Allocation Referral and Selection Process (Cont.)

- Within 90 days prior to receiving a slot, the individual will receive a Freedom of Choice (WV-BMS-I/DD_02) form to:
  - Choose between ICF/IID or IDDW
  - Choose a case management agency
  - Choose a residential services agency
  - Choose a day services agency
  - Choose a service delivery model

Eligibility Effective Date

The initial effective date of a Medicaid card for an applicant who has not previously acquired one is the latest of the following two dates (provided the person has a slot allocation):

- The date of initial medical eligibility that is established by the MECA or;
- The date on which the applicant was approved for financial eligibility at a county DHHR office. The applicant will receive a letter from DHHR (ESNL-A) stating the date the applicant is financially eligible for the program.

Annual Re-determination of Medical Eligibility

- Medical eligibility must be re-determined annually (as per CMS guidelines).
- The UMC will conduct the Annual Functional Assessment that will be used to determine the individualized budget and annual medical re-eligibility.
- The UMC will forward the assessment to the MECA.
- The MECA will determine medical re-eligibility annually based on data collected during the Annual Functional Assessment and send a NOD letter to the member/legal representative and the DHHR Community Services Manager.

Annual Re-determination (Cont.)

- All persons utilizing IDDW services must have financial eligibility re-determined annually by their county DHHR.
- Persons who are found financially eligible will receive documentation from the DHHR (ESNL-A) that the person needs to present to their Case Management provider.
- The person must provide their NOD letter re-establishing their medical eligibility to the DHHR before financial eligibility can be established.
- A person's income and assets are evaluated using the same criteria used during the initial financial eligibility determination.

Contact Information

Stacy Broce, IDDW Program Manager
West Virginia Department of Health and Human Resources
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301
Phone: (304) 558-1700
Email: Stacy.M.Broce@wv.gov

Ashley Quinn, IDDW Lead Provider Educator
Acentra (Formerly KEPRO)
1007 Bullitt Street
Charleston, WV 25301
Phone: (866) 385-8920
Fax: (866) 385-8920
Email: wviddwaiver@kepro.com

Children w/ Disabilities Community Services Program (CDCSP)

CDCSP Overview

CDCSP:

- What is CDCSP?
- What does CDCSP provide?
- Who should apply?
- What are the application requirements?

More information can be found in Chapter 526, CDCSP Policy Manual.

What is CDCSP?

CDCSP is an optional Medicaid program that allows a child with a severe disability who is eligible to receive the level of care provided in a medical institution — Acute Care Hospital, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), or Nursing Facility — to receive medical assistance. Only the child's income and assets are considered, providing all other eligibility criteria are met.

What does CDCSP provide?

Children approved for CDCSP will receive a West Virginia Medicaid card. Medicaid may pay the following:

- Premiums
- Deductibles
- Coinsurance and other cost sharing obligations for eligible members who have primary insurance

Who should apply?

Individuals up to the age of 19 with a severe disability, who would otherwise be denied a medical card due to their parents' income exceeding the allowed limits.

What are the application requirements?

WEST VIRGINIA Department of Health & Human Resources
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- West Virginia resident under the age of 19
- A denial notice for Supplemental Security Income (SSI)
- Complete the CDCSP-1 (Information Sheet)
- Complete the CDCSP-2A (ICF/IID Level of Care Evaluation)
- Complete the CDCSP-2B (Acute Care Hospital/Nursing Facility Level of Care Evaluation)
- Complete the CDCSP-3 Comprehensive Psychological Evaluation (ICF/IID Level of Care only)
- Complete the CDCSP-4 (Cost Estimate Worksheet)

Application materials can be found online at:
www.pcasolutions.com

Contact Info

Stacy Broce, CDCSP Program Manager
West Virginia Department of Health and Human Resources
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301
Phone: (304) 558-1700
Email: Stacy.M.Broce@wv.gov

Children with Disabilities
Community Service Program
202 Glass Drive
Cross Lanes, West Virginia, 25313
Phone: 304-776-7230
Fax: 304-776-7247
Website: www.pcasolutions.com

Traumatic Brain Injury Waiver (TBIW)

TBIW Overview

- Glossary
- TBIW Program
- Program Services
- Applicant/Eligibility
  - -Initial Financial Eligibility
  - -Initial Medical Eligibility
- Managed Enrollment List (MEL)
  - -Coming off the MEL
  - -MEL properties
- Annual Re-determination of Medical and Financial Eligibility

All information can be found in chapter 512, TBIW Policy Manual

Glossary TBIW

- **Case Management Agency (CMA):** Agency selected by the TBIW member to provide case management services.
- **Fiscal/Employer Agent (F/EA):** Contracted agent, under Personal Options, who receives, disburses, and tracks funds based on a member's approved service plans and budget.
- **Managed Enrollment List (MEL):** Once an applicant has been determined financially and medically eligible, they will be placed on this list, and a slot will be released once available for that individual.
- **Personal Options:** The Self-Directed Service Delivery model in which members can hire, supervise and terminate their own employees.
- **Traditional Service Delivery model:** The member receives their services from employees of a certified provider agency.

Glossary TBIW (Cont.)

- **Medical Necessity Evaluation Request (MNER):** Form completed by the TBIW Applicant's Physician, DO, PA, or NP indicating the need for TBIW services along with ICD Codes. The MNER begins the TBIW application process.
- **Utilization Management Contractor (UMC):** The UMC grants prior authorization for services provided to people enrolled in the West Virginia Medicaid TBIW program. The UMC utilizes nationally recognized medical appropriateness criteria established and approved by BMS for medical necessity reviews.

TBIW Program

The TBIW program is a long-term care alternative that provides services that enable individuals to live at home rather than receiving nursing facility care. The program provides home and community-based services to West Virginia residents who are financially and medically eligible to participate in the program.

Eligibility:

- Must be three years of age or older.
- Must be a permanent resident of West Virginia.
- Must have a traumatic brain injury defined as a non-degenerative, non-congenital insult to the brain caused by an external physical force resulting in total or partial functional disability and/or psychosocial impairment or an injury caused by anoxia due to near drowning.
- Must be approved as medically eligible for nursing facility level of care.
- Ages 18 years and older must score at Level VII or below on the Rancho Los Amigos Level of Cognitive Function Scale.
- Ages three to 17 years of age must score a Level II or higher on the Rancho Los Amigos Pediatric Level of Consciousness Scale.
- Must be an inpatient in a licensed nursing facility, hospital, rehabilitation facility to treat TBI, or living in a community setting at the time of application.
- Must meet the Medicaid Waiver financial eligibility criteria for the program as determined by the county DHHR office, or the Social Security Administration (SSA), if an active SSI (Supplemental Security Income) recipient.
- Must choose to participate in the TBIW program as an alternative to nursing facility care.

❖ **Enrollment in the TBIW is dependent upon the availability of a funded TBIW slot.**

TBIW Covered Services

The following are covered services under the TBIW program:

- Case Management
- Personal Attendant
- Non-medical transportation
- Personal Emergency Response System (PERS)
- Environmental Accessibility Adaptation (EAA) home and/or vehicle
- Take Me Home (TMH) Transition service

TBIW Applicant Eligibility Process

Medicaid policy Chapter 512 , Section 512.21 Financial Eligibility-Pre-Medical Eligibility

The financial eligibility process starts once an applicant applies to the TBIW program by submitting the initial Medical Necessity Evaluation Request (MNER) form to the UMC. The MNER can be found on the BMS TBIW website at https://dhhr.wv.gov/bms/Programs/WaiverPrograms/TBIW/Pages/default.aspx

The UMC will process the accepted MNER and send the following documents to the applicant/applicant's representative (if applicable):

- Notice of Receipt of MNER
- DHS-2 form (yellow)
- Instructions for determining financial eligibility
- Service Delivery Model Selection form
- Freedom of Choice-Provider Selection forms (Case Management and Personal Attendant Agencies)
- Instructions for returning completed selection forms to the UMC

TBIW Financial and Pre-Medical Eligibility

- The applicant/applicant's representative (if applicable) must submit the yellow DHS-2 form to their county DHHR office to determine financial eligibility.
- The yellow DHS-2 form will include an expiration date. It will not be accepted at the county DHHR office after the expiration date.

TBIW Financial and Pre-Medical Eligibility (Cont.)

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- The UMC will inform the selected CMA and provide a copy of the yellow DHS-2 form and the Notice of Receipt of MNER letter.
  - Within five business days of receipt of this notification, the Case Manger must make an initial contact by telephone or face-to-face with the applicant/applicant's representative (if applicable) to offer assistance in determining financial eligibility.
  - Either the applicant/applicant's representative or Case Manager can submit the yellow DHS-2 form along with the Notice of Receipt letter from the UMC to the county DHHR office to determine financial eligibility based on TBIW criteria.

TBIW Financial and Medical Eligibility

- The UMC will complete the Medical Eligibility Assessments for applicants who are financially eligible.
- Financial eligibility is confirmed when the UMC receives the Yellow DHS-2 form back from the county DHHR office indicating that the applicant is financially eligible for the program.
- If an applicant is determined financially ineligible, a medical eligibility assessment will not be scheduled and the MNER will be closed.
- The UMC informs the applicant/applicant's representative (if applicable) that the MNER was closed due to financial ineligibility.

Eligible Applicants and Managed Enrollment

Medicaid policy Chapter 512, Section 512.22 Financial Eligibility- Coming off the Managed Enrollment List

- In the event that the applicant has been determined financially and medically eligible for the TBIW and there is not an available slot, the person will be placed on the Managed Enrollment List (MEL) until a slot becomes available.
- If the applicant is released from the MEL, financial eligibility must be obtained. The CMA will submit a request to enroll the applicant to the UMC.

Coming off the MEL

- The UMC will send the MEL letter, a white DHS-2 form, and the request to enroll form to the selected CMA.
- Upon receipt of the white DHS-2 form, the case manager will sign and date the form, fax the form to the applicant's county DHHR office, and inform the applicant this has been completed.
- Financial eligibility is not completed until the DHS-2 form (white) is submitted to and returned from the county DHHR office to the CMA.
- The CMA submits the DHS-2 form (white) and the enrollment request form to the UMC.
- The UMC will complete the enrollment and provide a Confirmation Notice to the CMA and the Personal Attendant Service Provider Agency or the F/EA, if the person chose Personal Options.

Coming off the MEL (Cont.)

- The MEL applicant must be enrolled in the TBIW program within 60 calendar days from the dated white DHS-2 form.
- This is evidenced by the DHS-2 form signed by the staff at the county DHHR office verifying the applicant is either financially eligible or ineligible.
- If the applicant presents the DHS-2 form after the expiration date (60 calendar days from the dated DHS-2 form), financial eligibility for the TBIW program is denied.

Annual Financial Eligibility Verification

- Financial eligibility and medical eligibility must be completed annually.
- The UMC will schedule the annual PAS prior to the Anchor Date of the initial PAS.
- The TBIW member must provide the Notice of Decision (NOD) letter from the UMC to the ESW to verify that the member is still medically eligible for the program and continues to have a slot.
- The DHHR ESW determines continued financial eligibility.
- If the TBIW member fails to provide the requested documents or make themselves available for the PAS, they risk losing services.

Contact Information

Teresa McDonough, TBIW Program Manager
West Virginia Department of Health and Human Resources
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301
Phone: (304) 352-4240
Email: Teresa.M.McDonough@wv.gov

Barbara Recknagel, TBIW Manager
Acentra
1007 Bullitt Street
Charleston, WV 25301
Phone: (866) 385-8920
Fax: (866) 607-9930
Email: Barbara.Recknagel@acentra.com
Email: wvtbiwaiver@kepro.com

WEST VIRGINIA Department of Health & Human Resources
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Personal Care (PC) Services Program

Personal Care Overview

- **Glossary**
- **Eligibility**
- **Level of Service**
- **Initial Request for Personal Care Services**
- **Annual Financial/Medical Eligibility Re-determination**
- **Program Services**
- **Direct Care Workers**

Personal Care (PC) Services program Glossary

PC Medical Necessity Evaluation Request (PC-MNER)-Form completed by the PC Applicant's Physician, DO, PA, or NP indicating the need for PC services. The PC-MNER begins the PC application process.

Operating Agency (OA)-BMS contract with the OA who acts as an agent of BMS and administers the operation of the Personal Care program. The OA conducts education for PC providers, members receiving PC services, advocacy groups and others as requested.

Pre-Admission Screening (PAS)-The tool used by the UMC to determine a nursing home level of care.

Utilization Management Contractor (UMC)- BMS contracts with the UMC that completes the PAS to determine initial and continuing medical eligibility for PC services. The UMC will also review service level change requests, provides a framework and a process for authorizing PC services. Authorization for services are based on the member's assessed needs and they forward authorization information to the claim's payer.

Personal Care Services (PC) Program

Personal Care (PC) services are available to assist an eligible member to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs) in the member's home, place of employment or community. To be eligible, an applicant must have an eligible West Virginia Medicaid card then meet the program criteria for medical eligibility.

This is a State Plan program and not a waiver. Availability is unlimited to those who meet both the Medicaid and Medical eligibility criteria.

PC Medical Eligibility Determination

517.13.1 Medical Eligibility Determination

The UMC is the entity responsible to conduct the medical necessity assessment to confirm a person's eligibility for Personal Care services. The UMC will use the Pre-Admission Screening (PAS) tool to certify an individual's medical eligibility for PC services and determine the level of service required. To be medically eligible, a member must demonstrate three deficits, based on the presence and level of severity of functional deficits, possibly accompanied by certain medical conditions. A service level will be assigned based on a member's functional deficit and specified medical conditions identified on the PAS.

The purpose of the medical eligibility review is to ensure the following:
A. Applicants and existing members receiving Personal Care services are medically eligible based on current and accurate evaluations.

B. Each applicant/member determined medically eligible for Personal Care services receives an appropriate service level that reflects current/actual medical conditions and short and long-term service needs.

Level of Service

There are two service levels that are determined by the UMC Assessment.

Level 1- 1 to 60 hours per month

Level 2- 61 to 210 per hours per month

A person can be eligible for dual services with a Waiver program if they are maximizing the waiver program criteria requirements.

If a member's needs change and they are a level 1, a service level increase can be requested with documentation from their doctor of the change of need and submitted to the UMC.

Initial Request for PC Program Eligibility

A request for PC services begins with the Personal Care Medical Necessity Evaluation Request (PC-MNER). The UMC will verify Medicaid eligibility. Not all types of Medicaid coverage is eligible to receive PC services.

An applicant for Personal Care services shall initially apply for the Personal Care Services program by having his/her treating physician (M.D. or D.O.), Advanced Practice Registered Nurse (APRN) Practitioner, or Physician Assistant (PA) (referent) complete and sign the PC-MNER and include diagnosis. The referent, applicant, family member, advocate or other interested party may submit this form by fax, mail or electronically to the UMC. The UMC will not process a PC-MNER if either/both the referents and applicant's signatures is greater than 60 days old.

Initial Request for PC Program Eligibility

If the PC-MNER form indicates the applicant has Alzheimer's, multi-infarct, senile dementia, or related condition and/or if he/she has a legal representative, the assessment will not be scheduled without the legal representative, or a contact person present to assist the applicant. A minor child must have a parent/legal guardian present at the assessment.

Annual Financial/Medical Eligibility Verification

Annual Financial Eligibility Determination is conducted through the members local DHHR office. The member must continue to meet criteria for WV Medicaid.

Personal Care Services program members must be reevaluated annually to determine if they continue to meet medical eligibility criteria

PC Program Services

If the person is eligible to receive PC Program Services, the person will choose their PC provider. An RN will perform an assessment to determine services and list needed services in a **Plan of Care.**

A **Direct Care Worker** is hired and trained to provide only services listed on the Plan of Care. Services such as:

- Assist with Activities of Daily Living (ADLs)-Bathing, dressing, grooming, walking, personal hygiene, transferring, etc.
- Prompt to take medication
- Instrumental Activities od Daily Living (IADLs)-Assist with errands essential for person to remain in home-grocery shopping, medical appointments, laundry trips to pharmacy, light housekeeping tasks, prepare meals etc.

Direct Care Workers cannot perform

PC Direct Care Worker cannot perform any service that is considered to be a professional skilled service or any service that is not on the member's POC. Functions/tasks that cannot be performed include, but are not limited to, the following:

A. Care or change of sterile dressings
B. Colostomy irrigation
C. Gastric lavage or gavage
D. Care of tracheostomy tube
E. Suctioning
F. Vaginal irrigation
G. Administer injections, including insulin
H. Administer any medications, prescribed or over-the-counter
I. Perform catheterizations, apply external (condom type) catheter
J. Tube feedings of any kind
K. Make medical judgments or give advice on medical or nursing questions
L. Application of heat
M. Nail trimming for members who are diabetic

Contacts

Teresa McDonough, Personal Care Services Program Manager
West Virginia Department of Health and Human Resources
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301
Phone: (304) 352-4240
Email: Teresa.M.McDonough@wv.gov

Susan Silverman, Director of Medicaid Operations
Bureau of Senior Services (BoSS)
1900 Kanawha Blvd., East
Charleston, WV 25305
Phone: (304) 558-3317
Fax: (304) 558-6647
Email: Susan.R.Silverman@wv.gov
Website: www.wvseniorservices.gov

Stephanie Roop BSN, RN
Personal Care and Nursing Facility Clinical Review Manager
Acentra
1007 Bullitt Street, 2nd Floor
Charleston, WV 25301
Stephanie.roop@acentra.com
Office: 304-343-9663 Cell: 304-640-7667

Questions

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Thank you for having us today.

Questions?