



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

Bill J. Crouch  
Cabinet Secretary

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TO: WV Intellectual/Developmental Disability Waiver (IDDW) Providers

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

DATE: March 20, 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 IDDW 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; Member Rights; Identifying and Reporting Abuse/Neglect/Exploitation, Treatment Practices & Procedures including Confidentiality, Emergency Care including Crisis and Emergency Planning; Infectious Disease Control; Direct-Care Ethics; and Member-Specific Needs) 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 choose to provide on-line training such as CPR and First Aid in lieu of in-person training. 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 and annual medical eligibility assessments will be conducted electronically or by phone with the member, legal guardian (if applicable) and other respondents. If the assessment is conducted electronically (Skype, Zoom, etc.) it must be through a secure network. If it is not possible to conduct a member's assessment using these means, the Service Coordinator may request to postpone the assessment. Kepro will work with the Service Coordinator to authorize services for up to three months past the member's anchor date.

Initial eligibility assessments and annual reassessments will be conducted by phone or electronically with the member, legal guardian (if applicable) and other respondents to protect the health of the member, assessor and others. If the assessment is conducted electronically it must be through a secure network. Members may choose to postpone their assessment until 7/1/2020. Active members that choose not to be assessed by phone may continue to receive currently authorized services for up to three months after the member's anchor date.

Provider Quality Reviews: Kepro will conduct agency quality reviews remotely rather than sending Service Support Facilitators to the agencies. If necessary, the provider review process will be suspended until 7/1/2020.

Member Person-Centered Planning: Annual, quarterly, six month and critical juncture meetings may be held electronically or by phone.

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 and Behavior Support Professional (BSP) Services: These services may be provided electronically via a secure network. This will allow nurses and BSPs to perform necessary observations remotely utilizing telehealth modality. Skilled Nursing services may be billed for medication administration tasks usually performed by AMAP staff due to temporary shortage of certified AMAPs.

Day Programs: Members that are authorized for day program services will be eligible to receive additional Respite or Home-Based PCS. Agencies that provide day services (Facility-Based Day Habilitation, Job Development, Pre-Vocational Training, and Supported Employment) will be eligible to receive retainer payments. Retainer payments can only be billed for members that are not receiving planned services and only for the amount of service authorized.

Monthly Home Visits: Service Coordinators will not be required to meet face-to-face with members in their homes and day programs. Instead, they will be required to contact the member or legal guardian by phone. It is especially important for the Service Coordinators 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. Service Coordinators should also determine if members have adequate supplies of food, medications and other necessities.

Personal Options Meetings: Members/guardians 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.

Supports for Hospitalized Members: Should a member that lives in a natural family setting or specialized family care home be hospitalized due to COVID-19, the member may be authorized to receive Person-Centered Support-Family and In-Home Respite services as needed during the hospitalization. Members who reside in ISS settings are already eligible to have paid supports during acute hospital stays.

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>