

Question & Answer Session

Fall 2001 MR/DD Waiver Contact Meeting

1. When will case management choices increase in the upper 5 northern counties?

Currently, Wetzel county and Ohio counties each have three (3) agencies providing service coordination services. Marshall county has two (2) agencies providing service coordination services. Hancock and Brooke counties each have one (1) agency providing service coordination services.

The Department of Health and Human Resources has one additional agency requesting to provide service coordination services to all five northern counties. The provider application is going through the CON Summary Review Process.

2. What is OBHS/Waiver role in tracking critical incidences?

The Office of Behavioral Health Services and the State MR/DD Waiver office is responsible for ensuring all agencies have policies and procedures for tracking critical incidents. This includes ensuring agencies are doing the following regarding critical incidents: monitoring, tracking, reporting, preventing, and training. The Centers for Medicaid and Medicare Services is requiring State's to have an active role in tracking, monitoring, and preventing critical incidents.

3. What rights do individuals have if they are receiving inadequate case management services?

There are several things you can do to ensure you receive adequate case management services from a provider. You can discuss the issues with the agency contact person and/or executive director for a resolution. You file a complaint or appeal with either the agency, or the State MR/DD Waiver office. You can request assistance from the state Protection and Advocacy agency. You can request a Medicaid Fair Hearing. You can request to have a different service coordinator assigned to you. You can request another service coordination agency provide services to you.

A quality provider will want to provide quality services and will want to attract participants to their programs. A participant and/or their legal representative should carefully review competing providers and the services they can offer.

4. How will the Waiver office have/maintain the most accurate list of providers? List in the packet is outdated.

The State MR/DD Waiver office relies on the local agencies to check and notify us of any inaccurate information on the *MR/DD Waiver Provider Reference Guide*. The State MR/DD Waiver office also relies on the local agencies to notify us when any of the *Reference Guide* information changes. The State MR/DD Waiver office will be sending out a letter requesting agencies check all information on the *Reference Guide* and provide us with any corrections. The MR/DD Waiver Provider Reference Guide is also located on the internet at www.wvdhhr.org/obhs.

5. Your service provider list indicates that there are several providers in each county. However, people who need services are still limited to one provider because the majority of agencies don't want to provide services in the area where the client resides. The agency wants to transport the client 30 to 40 miles to another county. Will this change?

Services are where a consumer needs them according to their IPP. Service coordination agencies are responsible to provide or arrange for services. The service coordinator should be meeting with agencies who are willing to provide the service or willing to increase their capacity to provide services.

6. One agency is recognized as a limited Waiver provider, yet they do not employ anyone who can be a QMRP and tell their clients they will not bill Waiver for services. How can this agency be designated as a provider?

All Limited Waiver Providers are enrolled to provide specific services. They are not

enrolled to provide the full array of program services. For instance, a Limited Provider may only be enrolled to provide Supported Employment and Transportation services.

7. When will programs be designated to benefit the client instead of the agency?

Participants of the MR/DD Waiver Program should insist upon receiving the services and supports they want and need. Question #3 provides examples of action you can take if you are not satisfied with the services or service providers.

A good provider helps participants obtain the services and supports they need. When they do so they attract more participants to their agency

8. What does the client do when the agency contact person will not return their calls or calls from parents or legal representatives?

Contact the agency executive director and file a complaint. Contact the State MR/DD Waiver Office and file a complaint. Obtain services from a provider that responds to their participants.

9. How do parents obtain a waiver manual if the service coordination agency can't afford to give out copies?

All participants and parents must receive a MR/DD Waiver Manual from their agency upon request. This is a responsibility of all service coordination agencies. You may contact the State MR/DD Waiver Office to request a copy of the manual. You should also inform the State MR/DD Waiver Office about the denial to your request. If you have access to the internet, it is located on our website.

10. Who needs an annual nursing assessment? What about natural family settings?

The participants assessments, the IDT and the participants needs determine who needs a nursing assessment and the frequency of these assessments. There currently is no requirement for an annual nursing assessment for Waiver participants.

11. If agencies are using nursing services from a contract agency (i.e. Interim Health Care) can nursing plan of care be used as the nursing plan and assessment?

The nursing plan of care can be used to assist the team with developing the medical needs and strengths and objectives for the IPP. Any agency that is being contracted with for services should provide you with any necessary assessments.

12. Do service coordinators need to do a detailed progress note for the home visit and day habilitation visit?

No. The DD-9 and the DD-9A are to be used to document the home visit and the day habilitation visit. However, the DD-9 and the DD-9A is required to be complete with detail and outcomes described. A DD-9 and/or DD-9A which is completed without a detail description of the participants progress or lack of progress could result in a payback for services. A progress note must be done to document the date and time of the home visit and a notation must be included to say "see DD-9 or DD-9A located..."

A simple statement of "no progress" or "lack of progress" is not satisfactory documentation. If there is no progress or a lack of progress, explain why and what is being done to increase progress.

13. How can people requiring supports travel outside the 30 mile limit imposed by the Waiver/Medicaid and still get the support they require to participate in normative activities such as family visits, vacations, recreation activities? We are not asking the waiver to pay for transportation...habilitative support services only! Does it matter where a support service is implemented?

West Virginia Medicaid has a 30 mile limit on non-emergency care. The services contained in the MR/DD Waiver are within the parameters of non-emergency care and the policy is effective for Waiver services and recipients.

For Waiver participants who reside in a border county of West Virginia, they are permitted to receive habilitation up to 30 miles outside the West Virginia border.

14. Will there be a cap put on how many clients a QMRP can have? If not, how can one "Q" serve over 100 clients?

No, there is not a cap on the number of consumers a QMRP can serve. Agencies should be monitoring how many persons each QMRP serves. Participants and parents may ask their agency how this is monitored and how many people their QMRP's are responsible for serving. The agency is accountable for the quality of services and the assurance of service delivery.

15. Is the DD-7A designed to allow an individual to choose a service coordination agency only or is it also to be used to identify direct service providers?

The DD-7A is designed to allow an individual to choose a service coordination agency and to inform the participant and/or legal representative of the choices of agencies and offered services available to them. It is the responsibility of the provider to educate the participant and/or legal representative regarding the agency's service systems, areas of expertise, and processes. The participant and/or legal representative may then make an informed choice. If the information is unsatisfactory the individual may choose another provider.

16. For packets which were reviewed and additional information was requested, once that additional information is received, will it be another 45 days until a decision is rendered?

No, it stops the clock, pending the packet until additional information is submitted for formal review. Agencies will be notified as quickly as possible once a final eligibility determination is made and processed.

17. How can agencies be assure they are notified when an application (DD-14) and/or a full application packet is

submitted to the State MR/DD Waiver Office?

All agencies did not submit their e-mail addresses to the State MR/DD Waiver office when it was requested. A second notice has been issued to gain these e-mail addresses. Each agency should be notified twice, once via e-mail and again via written notification. If this is not occurring, please contact Ms. Cecilia Brown to inform her of the problem.

18. Can a participant who resides with a specialized family care provider receive Adult Companion services from a qualified provider?

Yes, except **not** from the responsible specialized family care provider or any other specialized family care provider.

19. Where are adult ABS score conversions from MR to non-MR? Unable to locate in the booklet provided for scoring?

The ABS non-MR norms are not located in the booklet. The non-special norms are selected using the computer scoring program for those individuals without a diagnosis of mental retardation. Please select the appropriate normative group for making adaptive behavior comparisons.

20. Where in the state plan does it specify that moderate MR/DD is the cut-off? This language appears different than what is described in the waiver manual. Is that true?

No, a persons diagnosis is only one component of the eligibility criteria. An individual must have an eligible diagnosis of mental retardation or a related condition **and** substantial delays in three or more of the major life areas. The MR/DD Waiver Program continues to certify people with mild mental retardation who have substantial delays in three or more major life areas. There has **not** been a change in the eligibility criteria and individuals continue to require an ICF/MR level of care to meet eligibility.

21. Could training be offered via satellite or be videotaped?

The MR/DD Waiver office does not currently possess the necessary equipment for videotaping the contact meeting. It is a requirement of all provider agencies to send their contact person to the MR/DD Waiver Contact Meetings on a semi-annual basis. The contact person is then required to take the information back to the agency. We are currently investigating alternative methods to increase communication and training opportunities.

22. Why can't we earn CEU's for this conference? Those of us with a TSWL would appreciate them.

The sessions are generally not long enough to offer CEU's. However, the MR/DD Waiver office will have guest speakers and offer CEU's for these presentations in the future. However, this is a mandatory, semi-annual Contact Meeting for all contact persons. For future training sessions meeting the criteria, we will offer CEU's.