

West Virginia

Medicaid Aged and Disabled Waiver

“Waiver at a Glance”

A Handbook for Waiver Participants



WV Bureau of Senior Services
Toll Free 1-866-767-1575



Table of Contents

I. Program Overview	2-4
II. Service Delivery Options	4
III. Participant Responsibilities and Rights	5-6
IV. Transfers and Case Closures	6-7
V. Important Information/Phone Numbers.....	8
VI. Grievance Form.....	9-10

I. Program Overview

The Aged and Disabled Waiver (ADW) Program is a home and community based program that provides care in the home. In order to qualify for this program, you must have the same needs as someone living in a nursing home. By choosing the ADW Program, you are choosing to receive services at home and community activities such as doctor appointments, grocery shopping, etc. You will be assigned a Level of Service that determines the maximum hours of service you can receive each month. Services are based on your Service Plan. Medical and financial eligibility must be re-determined every year.



Person-Centered Planning: The services that you receive are based on **YOU** and your assessed needs. Do people listen to you? Do you have choices? Do your services meet your unique needs and preferences? These are important things to discuss with your Case Manager.



Case Management: The Case Management Agency you choose will provide you with a Case Manager who will help you. He/she is responsible for:

- Arranging Waiver and other services to meet your needs such as ordering medical equipment and supplies, setting up home-delivered meals, etc.
- Calling you each month to see if your needs have changed and to make sure your current services are meeting your needs
- Making visits to your home at least every six months
- Helping with your yearly medical and financial eligibility
- Working with you to develop a Service Plan that addresses all of your needs and considers your preferences
- Advocating for you to protect your rights and access services
- Helping you with the Fair Hearing process if needed



Personal Attendant Services: The PA Agency that you choose provides you with a Registered Nurse (RN) and a direct care worker that is called the “Personal Attendant.” The RN supervises your Personal Attendant and:

- Makes sure the Personal Attendant has training
- Makes sure the Personal Attendant passes a criminal background check
- Works with you to develop a Personal Attendant Log that tells the worker how to help you
- Assesses and updates your Personal Attendant Log at least every six months or when your needs change



Some things your Personal Attendant can do include:

- Help with bathing, dressing and grooming such as washing and styling your hair, applying lotion, shaving, etc.
- Help with moving from bed to chair or wheelchair
- Help with walking or using a wheelchair
- Help with toileting needs like changing pads or disposable briefs
- Meal preparation – Personal Attendants can also prepare meals in advance for you to heat up later
- Light housekeeping (sweeping, mopping, dusting, vacuuming, washing dishes, etc.)
- Laundry
- Transportation to essential errands and community activities
- Medication reminders
- Reporting any concerns or changes in your medical condition to the Registered Nurse

Some things that Personal Attendants CANNOT do include:

- Any activity that is not on your Personal Attendant Log
- Give medications – either prescription or over the counter. This includes pills, medicated creams, drops, etc.

- Heavy housekeeping such as yard work, cleaning windows, moving furniture, etc.
- Suctioning, tube feeding, testing blood sugar, insulin injections, or setting up pill boxes
- Care or change of sterile bandages, irrigation of a colostomy, care of a tracheostomy tube, apply heat in any form, or peritoneal dialysis
- Pet care
- Provide care to other household participants (laundry, cleaning, washing dishes, etc.)
- Eat your food, take things from your home, ask you to pay for meals, accept gifts or money from you
- Harm, disrespect, abuse, neglect or exploit you

The Personal Attendant must follow the daily Personal Attendant Log. Contact your Personal Attendant RN or Case Manager to discuss any problems. To report abuse, neglect or exploitation contact the WV Centralized Intake for Abuse and Neglect by calling 1-800-352-6513.



II. Service Delivery Options:

There are currently two choices for how you receive your services through the ADW. You have the right to transfer among options. The following describes each one:

Traditional Agency Services:

- You will receive Case Management and Personal Attendant services
- Both services are provided by the Medicaid approved agency/agencies that **YOU** choose

Personal Options:

- **YOU** are the employer – you manage your Personal Attendants (choose, hire and fire)
- **YOU** choose services within a budget
- Someone is available to help you with the bookkeeping responsibility or to educate you on managing employees

III. Participant Responsibilities and Rights



Participant Responsibilities: You have the following responsibilities as a participant of the ADW program:

- Notify Personal Attendant (PA) Agency within 24 hours prior to the day services are to be provided if services are not needed
- Notify provider promptly of changes in Medicaid coverage
- Comply with Personal Attendant Log
- Cooperate with all scheduled home visits
- Notify the ADW agencies of a change in residence, admission to a hospital, nursing home or other facility
- Notify ADW agencies of a change in medical status or direct care need
- Maintain a safe home environment for the agency to provide services
- Verify services were provided by initialing and signing the Personal Attendant Log
- Communicate any problems with services to the provider agency
- Report any incidents of abuse, neglect or exploitation to the provider agency or the WV Centralized Intake for Abuse and Neglect at 1-800-352-6513
- Report any suspected fraud to the provider agency or the Medicaid Fraud Unit at (304) 558-1858
- Report any suspected illegal activity to the local police department or appropriate authorities.
- Participant will not ask the Personal Attendant to do anything that is not on their Personal Attendant Log and/or not allowed by the Aged and Disabled Waiver policy

Participant Rights: As a participant of the ADW, you have the following rights:

- Transfer to a different provider agency or Personal Options
- Address dissatisfaction with services through the provider agency's grievance procedure
- Access the West Virginia DHHR Fair Hearing process
- Considerate and respectful care from the provider

- Take part in decisions about your services
- Confidentiality regarding ADW services
- Access to all of your files maintained by agency providers



Grievance: You may file a grievance if you have a complaint with one or both of your provider agencies. It is always good to try to work out problems first with those that know the situation best. A grievance will address issues related to your services and ADW policy. Your Case Manager may help with your grievance.

- Level One Grievance - List your complaint on the grievance form and send it to your provider (Participant Grievance Form is attached)
- Level Two Grievance - If you are not satisfied with the agency's response, send your grievance to the Bureau of Senior Services, Medicaid Director and the Bureau will respond. Directions are on the form. You may go directly to a Level Two Grievance.

If you have questions regarding this process, call the Bureau of Senior Services toll-free at 1-866-767-1575.



Fair Hearing: You may request a Fair Hearing for the following reasons:

- Denial of eligibility for ADW
- Reduction in Level of Service (number of service hours)
- Denial of a request to increase Level of Service (number of service hours)

You may ask for assistance with the hearing process from your Case Manager, a legal representative, or your nurse.

IV. Transfers and Discontinuation of Services (Case Closures)



Transfer: At any time, you have the right to request a transfer:

- To a different service delivery option (Traditional Services or Personal Options)
- To a different Case Management provider agency
- To a different Personal Attendant provider agency

If you are interested in transferring, you may contact your Case Manager or the Bureau of Senior Services toll-free at 1-866-767-1575. You can change just one of your agencies or both agencies. All transfers must be completed by the Bureau of Senior Services before you begin services with your new agency or begin a new service model.



Discontinuation of ADW Services: Your ADW services may stop at any time due to the following reasons:

- You no longer desire services (Example: moved out of state, do not want services)
- You no longer require services (Example: your health has improved and you no longer need the program)
- You are no longer medically or financially eligible for services
- You do not receive ADW services for 180 days in a row
- Your home is not safe for staff to work
- You persistently do not follow your Personal Attendant Log or ADW program requirements (noncompliant)



V. Important Information:

IMPORTANT PHONE NUMBERS TO KNOW	NUMBER
Case Manager: _____ Agency: _____	
Personal Attendant RN: _____ Agency: _____	
Personal Attendant Agency Weekend/After Hours	
Doctor(s): _____	
ADW Hotline (questions or complaints)	1-866-767-1575
WV Centralized Intake for Abuse and Neglect	1-800-352-6513
WV Aging and Disability Resource Centers (resources)	1-866-987-2372
Bureau of Senior Services	304-558-3317
Bureau of Medical Services (Medicaid)	304-558-1700
Legal Aid of West Virginia	1-866-255-4370
Senior Legal Aid of West Virginia	1-800-239-8819
WV SHIP Medicare Call Center	1-877-987-4463
WV Medicaid Estate Recovery	1-304-342-1604
WV Long-Term Care Ombudsman (for questions about Nursing Homes)	1-800-834-0598
Other:	
Other:	
Other:	

Important things to tell my Case Manager:

Important things to tell my Personal Attendant Nurse:

Important things for my Service Plan or Personal Attendant Log:

AGED AND DISABLED WAIVER PARTICIPANT GRIEVANCE

Last Name:	First Name:	Medicaid #:
Date:	Address:	Phone:
Legal Representative, if applicable:	Address:	Phone:

Statement of Complaint (describe your concern with your services)

Relief Sought (describe what would remedy your concern with your services)

The Level One Grievance: For traditional services, the grievance must be sent to the Provider Agency. For Personal Options, the grievance must be sent to Public Partnerships (PPL). The Provider Agency or PPL will meet with you in person or by phone call to discuss the issue(s). The Provider Agency or PPL will notify you of the decision or action in response to your complaint. The Level One grievance does not come to the State first. A Participant may go to a Level Two Grievance without going through a Level One.

LEVEL ONE GRIEVANCE RESPONSE

Date of Level One Meeting with Agency Director or PPL: _____ (In person or conference call)

Provider Agency or PPL Decision or Action Taken Date of Decision _____

Level One Decision – Provider agency decision or action taken in response to your complaint

Provider Agency Director or PPL Signature Date

- I am satisfied with the Level One Decision
- I am not satisfied with the Level One Decision

Participant/Legal Representative

Signature Date

LEVEL TWO GRIEVANCE RESPONSE

The Level Two Grievance: If you are not satisfied with the Level One response by the Provider Agency or PPL, you may proceed to Level Two. Send to: The Bureau of Senior Services, 1900 Kanawha Boulevard East, Charleston, WV 25305-0160. The Director of Medicaid Operations will notify you of the decision.

Date of Meeting/Discussion _____ Date of Decision _____

Signature _____

Date Notification of Participant _____

Decision/Action Taken

