

West Virginia Medicaid Aged and Disabled Waiver Initial Certification Monitoring Tool

To be certified as an ADW provider, applicants must meet and maintain the following requirements:		Met? Yes/No
A business license issued by the State of West Virginia. 501.3 and 501.3.2 (Must be current and in good standing, per the WV SOS office).	<ul style="list-style-type: none"> ● Must be physically located in WV. ● Photographs or onsite observation of physical sites are required. ● Cannot be in or part of a private residence. ● PO Box or Commercial Mailbox will not suffice. ● Must be open to the public at least 40 hours per week. ● Must be readily identifiable to the public. ● Must contain space for securely maintaining program and personnel records. (Refer to chapters 100 and 300 for more information on maintenance of records). ● Office space that allows for confidentiality of the member. ● Maintain a 24-hour contact method. ● Agencies applying to become an ADW provider cannot obtain certification for the sole purpose of serving Veteran Administration (VA) clients only. . BMS is not responsible for certifying VA agencies or their workers. 	
A federal tax identification number (FEIN). 501.3		
A competency-based curriculum for required training areas for personal attendant staff. 501.3	(Include list of training topics with a breakdown of subjects included, who is the trainer and what qualifies person to be a trainer (American Heart Assoc., Agency RN, etc., length of time of training, and how competency is proven (quiz, demonstration), and what is done to ensure competency if person fails quiz or demonstration	
An organizational chart. 501.3		
A list of the Board of Directors (if applicable). 501.3	Is anyone listed on the Board of Directors also on the Board of Directors of other ADW provider agencies?	
A Quality Management Plan for the agency. 501.3	<ul style="list-style-type: none"> ● Does the agency have a plan on how to track, trend and remediate issues/problems? ● Does the agency have a person designated to be responsible for addressing problems? ● Does the agency have a plan on how to address systemic issues? <p style="margin-left: 40px;">(Agency must review and analyze IMS reports to identify health and safety trends)</p>	
Written policies and procedures for processing complaints and grievances, from staff or members 501.3	<ul style="list-style-type: none"> ● Addresses the process for submitting a complaint. ● Provides steps for remediation of the complaint including who will be involved in the process. ● Steps include the process for notifying the member of the findings and recommendations. 	

	<ul style="list-style-type: none"> ● Provides steps for advancing the complaint if the member/staff does not feel the complaint has been resolved. ● Ensures that a member or agency staff are not discharged, discriminated, or retaliated against in any way if they have been a complainant, on whose behalf a complaint has been submitted or who has participated in an investigation process that involves an ADW provider. ● Ensure that members, staff, and family members are free from retaliation or adverse consequences because they reported incidents or allegations of Abuse/ Neglect/ Exploitation (ANE) or other staff misconduct. 501.2 	
<p>Written policies and procedures for the use of personally and agency owned electronic devices which includes, but is not limited to: 501.3</p>	<ul style="list-style-type: none"> ● Prohibits using personally identifiable information in texts and subject lines of emails. ● Prohibits the use of personally identifiable information in the body of emails unless the email is sent securely through a Health Insurance Portability and Accountability Act (HIPAA) compliant connection. ● Prohibits personally identifiable information be posted on social media sites. ● Prohibits using public Wi-Fi connections without use of secure VPN (Virtual Private Network) connection ● Informs agency employees that during an investigation, information on their personal cell phone is discoverable. ● Requires all electronic devices be encrypted. ● Electronic devices supplied to staff must ensure all personally identifiable information is secure 	
<p>Written policies and procedures for people to transfer. 501.3, 501.37, 501.37.1</p>	<ul style="list-style-type: none"> ● Ensure that a member is not transferred unless a viable transfer plan is in place that effectively transfers all services that the member needs to another provider(s) and is agreed upon by the member and/or their legal representative and the receiving provider(s). 501.2, 501.35, 501.35.1 	
<p>Written policies and procedures for the discontinuation of a member's services. 501.3, 501.38</p>		
<p>Providers must comply with the Centers for Medicare and Medicaid Services (CMS) settings rule. 501.3 (Refer to CMS Final Rule on Home and Community-Based Settings)</p>	<ul style="list-style-type: none"> ● Does the agency own or lease any settings that provide residential service? (Document the name of the person providing the response.) ● Name(s) of the member(s) ● How long they have resided there ● Type of setting (house/apartment) ● Is there a lease or signed agreement ● (Provide copies of the provider controlled/member controlled settings assessments?) 	

<p>Written policies and procedures to ensure that members, staff and family members are free from retaliation or adverse consequences because they reported incidents or allegations of Abuse, Neglect, Exploitation or other staff misconduct. 501.3</p>		
<p>Written policies and procedures to ensure that court-appointed guardians are informed of reported incidents, as soon as possible, after the agency learns of the incident, and within 72 hours of learning of the incident (unless the court-appointed guardian is involved in the incident). 501.3</p>		
<p>Written policy and procedure outlining the staff (PA/CM) actions when the member is not home when the staff arrives for visit and/or does not respond to calls. 501.3</p>		
<p>Have a written policy regarding member's right to request their records. 501.3</p>		
<p>Conflict Free Case Management attestation signed by the agency director. 501.3</p>	<p>Individuals or entities providing Case Management Services (those who develop a person-centered Service Plan) cannot be:</p> <ul style="list-style-type: none"> ● Related by blood or marriage to the individual or a paid caregiver. ● Financially responsible for the individual. ● Empowered to make health-related decisions. ● Individuals who would benefit financially from service provision. <p>Providers of State Plan HCBS</p>	
<p>Conflict Free Case Management Policies and procedures, for agencies who provide both CM and PA services, to include but not limited to: 501.3</p>	<ul style="list-style-type: none"> ● The agency has administrative separation of supervision of case management and HCB services. ● The attached organization chart shows two separate supervisors, one for case management and one for HCB services. ● Case management members are offered choice for HCB services between and among available service providers. ● Case management members are not limited to HCB services provided only by this agency. ● Case management members are given choice of case managers within the agency. ● Disputes between case management and HCB services units are resolved. ● Members are free to choose or deny HCB services without influence from the internal agency case manager and HCB service staff. ● Members choose how, when, and where to receive their approved HCB services. 	

	<ul style="list-style-type: none"> • Members are free to communicate grievance(s) regarding case management and/or HCB services delivered by the agency. • The grievance/complaint procedure is clear and understood by members and legal representatives. • Grievances/complaints are resolved in a timely 	
Written policies and procedures to avoid conflict of interest (if agency is providing both case management and personal attendant services) and when an exception has been made, must include at a minimum: 501.3	<ul style="list-style-type: none"> • Education of case managers on general conflict of interest/professional ethics with verification. • Annual signed Conflict of Interest Statements for all case managers and the agency director. • Process for investigating reports on conflict-of-interest complaints. • Process for reporting to the BMS. • Process for complaints to professional licensing boards for ethics violations. • Include a basic description of the duties of the CM supervisors and the PA supervisors. • Explain how members are given a choice of CM. • Explain how members are given a choice of PA and other natural supports or services offered in the community. • Explain how the agency ensures that the CM is free from influence of direct-service providers regarding member service plans. • CM signed a conflict of interest assurance form, that is filed in the member's record. • 	
An Agency Emergency Plan (for people receiving ADW services and office operations). This plan must include: 501.3	<ul style="list-style-type: none"> • Office Emergency Back-Up Plan ensuring office staffing and facilities are in place during emergencies such as floods, fires, etc. However, the new temporary facilities must meet all requirements. The provider must notify the OA within 48 hours. • Providers must inform people receiving ADW services of their Emergency Back-Up Plan. • Change in agency location due to emergencies such as flood or fire for over 30 days requires a site review by the OA. 	
The provider must accept referrals in the UMC's web portal within five business days or forfeit the referral. 501.3	<ul style="list-style-type: none"> • Evidence of member acceptance within five days at the six-month review of initial certification (after members are referred). 	
All providers are required to have and implement policies and procedures for people with limited English proficiency and/or accessible format needs that are culturally and linguistically appropriate, to ensure meaningful access to services. 501.3	(Use of informal supports, community resources, local school interpreters, etc.)	

<p>Computer(s) for staff with HIPAA secure email accounts, UMC web portal software, internet access, and current (within the last five years) software for spreadsheets. 501.3</p>	<ul style="list-style-type: none"> ● Evidence of plans for equipment capable of utilizing computer systems and secure email systems. ● Maintain an agency secure HIPAA compliant email address for communication with others inside your agency. 501.3.2 	
<p>Hires and retains a qualified workforce. 501.3, 501.21, 501.22, 501.23</p> <p>A list of all agency staff, which includes their qualifications 501.3 (All staff may not be hired yet).</p>	<ul style="list-style-type: none"> ● Understand the need for initial and continuing verification of professional staff qualifications per ADW policy. Copy of license for every year employed by the agency. ● If CM agency, job descriptions of case managers. Outline’s responsibility of case manager’s actions when the member is not responding to a home visit and/or call. 501.3, 501.21.3 ● If PA agency, job descriptions of Personal Attendants. Should include the prohibition for personal attendants to subcontract their work responsibilities to another person. 501.3. ● Outline’s responsibility of agency personal attendant staff actions when the member is not home/does not respond to calls and the personal attendant has arrived to provide scheduled services. 501.22.2 ● If PA agency, job descriptions of RN’s. 501.23.2 ● Descriptions for paraprofessional and professional staff who do not fall under previously mentioned job classifications (Office manager, scheduler, etc.) ● 	
<p>Written policies and procedures for use of WV CARES in the hiring and maintenance of employees. 501.3.1 Refer to WV CARES policy/Chapter 700 for Criminal Background Checks</p>	<ul style="list-style-type: none"> ● CIB must be repeated every 5 years ● OIG monthly checks via WV CARES 	
<p>Participate in all BMS mandatory training sessions. 501.3</p>		
<p>Meet Americans With Disabilities Act (ADA) requirements for physical accessibility. (Refer to 28 CFR 36, as amended). These include but are not limited to: 501.3.2</p>	<ul style="list-style-type: none"> ● Maintains an unobstructed pedestrian passage in the hallways, offices, lobbies, bathrooms, entrance and exits. ● The entrance and exit have accessible handicapped curbs, sidewalks and/or ramps. ● The restrooms have grab bars for convenience. ● A telephone is accessible. ● Drinking fountains and water are made available as needed. 	

<p>Maintain a primary telephone that is listed under the name and local address of the business. 501.3.2</p>	<p>(Note: Exclusive use of a pager, answering service, a telephone line shared with another business/individual, facsimile machine, cell phone, or answering machine does not constitute a primary business telephone).</p>	
<p>At a minimum, must have an email address and access to a computer, fax, scanner, and internet. 501.3.2</p>		
<p>Utilize any database system, software, etc., compatible with/approved and/or mandated by the BMS. 501.3.2</p> <p>Familiar with applicable policies, laws, websites, and user manuals to be compliant with ADW policy.</p>	<ul style="list-style-type: none"> ● Chapters 100, 200, 300, 400, 501, 600, 800(A), and 800(B) ● All local, state and federal wage and hour employment laws and regulations including but not limited to, the WV Wage and Hour Act, Fair Labor Standards Act (FLSA), and IRS laws and regulations. ● Chapter 16, Article 49 and all of its subsections regarding WV CARES ● Both legislative rules regarding WV CARES ● AD Waiver CareConnection Web User Manual ● WV IMS Web User Manual ● BMS website for policy and forms ● BoSS website for Continuing Certification ● Ensures that services are delivered, and documentation meets regulatory and professional standards before the claim is submitted. 501.3 (The agency plan for quality assurance check prior to claims submission and review of documentation). 	
<p>Any authentication method for electronic and stamped signatures must meet the following basic requirements: 501.3.2</p>	<ul style="list-style-type: none"> ● Unique to the person ● Capable of verification ● Under the sole control of the person, ● Linked to the data in such a manner that if the data is changed, the signature is invalidated. 	
<p>Have policies and procedures for Incident Management that are compliant with ADW policy. 501.7, 501.7.1, 501.7.2</p>	<ul style="list-style-type: none"> ● Written policies and procedures for contemporaneous (supporting) documentation and reporting of incidents if/when a member presents an unsafe work environment for personal attendants. 501.3 	