

**West Virginia**

**Medicaid Aged and Disabled Waiver**

**“Waiver at a Glance”**

A Handbook for Waiver Members



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. Member 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 Plan of Care. 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 Assistant/Homemaker Services:** The PA/HM Agency that you choose provides you with a Registered Nurse (RN) and a direct care worker that is called the “Homemaker.” The RN supervises your homemaker and:

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



**Some things your Homemaker 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 diapers
- Meal preparation – homemakers can also prepare meals in advance for you to heat up later
- Light housekeeping (sweeping, mopping, dusting, vacuuming, washing dishes, etc.)
- Laundry
- Transportation to doctor appointments, shopping and community outings
- Medication reminders
- Reporting any concerns or changes in your medical condition to the Registered Nurse

**Some things that homemakers CANNOT do include:**

- Any activity that is not on your Plan of Care
- 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 members (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 Homemaker must follow the daily Plan of Care. Contact your Homemaker RN or Case Manager to discuss any problems. To report abuse, neglect or exploitation contact Adult Protective Services 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 Assistant/Homemaker services
- Both services are provided by the Medicaid approved agency/agencies that **YOU** choose

### Personal Options:

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

### III. Member Responsibilities and Rights



**Member Responsibilities:** You have the following responsibilities as a member of the ADW program:

- Notify Personal Assistant/Homemaker (PA/HM) 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 PA/HM Plan of Care
- 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 PA/HM Worksheet
- Communicate any problems with services to the provider agency
- Report any incidents of abuse, neglect or exploitation to the provider agency or the APS Hotline 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.

**Member Rights:** As a member 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 their 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 (Member 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 Assistant/Homemaker 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 are no longer medically or financially eligible for services
- You do not receive ADW services for 100 days in a row
- Your home is not safe for staff to work
- You do not follow your Plan of Care or ADW program requirements (noncompliant)



## V. Important Information:

IMPORTANT PHONE NUMBERS TO KNOW	NUMBER
Case Manager: _____ Agency: _____	
Homemaker RN: _____ Agency: _____	
Homemaker Agency Week-end/After Hours	
Doctor(s): _____	
ADW Hotline (questions or complaints)	1-866-767-1575
Adult Protective Services Hotline	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	1877-987-4463
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 Homemaker Nurse: \_\_\_\_\_

Important things for my Service Plan or Plan of Care: \_\_\_\_\_

\_\_\_\_\_

## AGED AND DISABLED WAIVER MEMBER GRIEVANCE

<b>Last Name:</b>	<b>First Name:</b>	<b>Medicaid #:</b>
<b>Date:</b>	<b>Address:</b>	<b>Phone:</b>
<b>Legal Representative, if applicable:</b>	<b>Address:</b>	<b>Phone:</b>

**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 Member 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

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### Provider Agency Director or PPL Signature Date

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

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\_\_\_\_\_  
Member/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 Member \_\_\_\_\_

### Decision/Action Taken