

West Virginia Statewide Transition Plan - Intellectual/Developmental Disabilities Waiver

ASSESSMENT

Compliance Area	Action Item	Start Date	End Date	Agency Responsible
General	1. Conduct a review of West Virginia regulations and supporting documents across the 3 waiver programs with residential and non-residential settings.	10/20/14	11/10/14	Bureau for Medical Services
General	2. Develop and conduct a provider self-assessment survey across all three waivers; residential and non-residential.	10/20/14	6/30/15	Bureau for Medical Services
General	3. Develop a survey for individuals and families to provide input on settings by type and location; residential and non-residential.	10/20/14	12/30/15	Bureau for Medical Services
General	4. Prepare a list of settings that do not meet the residential and non-residential requirements, may meet the requirements with changes, and settings West Virginia chooses to submit under CMS heightened scrutiny. The list will be distributed to provider agencies and posted to the website.	10/24/14	12/30/15	Bureau for Medical Services

REMEDIAL ACTIONS

Compliance Area	Action Item	Start Date	End Date	Agency Responsible
Provider Remediation - Residential	1. Incorporate the outcomes of the assessment of settings within existing licensure and certification processes to identify existing settings as well as potential new settings in development that may not meet the requirements of the rule.	1/2/16	6/30/16	Bureau for Medical Services with assistance from IDDW Quality Improvement Advisory Council (QIA)
Outreach and Education	2. Provide training to licensure/certification staff on new settings requirements.	7/1/15	6/30/20	Bureau for Medical Services and Administrative Services Organization (ASO) (Currently APS Healthcare)
Provider Remediation	3. Strengthen enrollment and re-enrollment procedures to identify settings that may have indicators of non-compliance and require more thorough review.	10/20/14	6/30/20	Bureau for Medical Services and ASO
Outreach and Education	4. Conduct a webinar series to highlight the settings requirements (residential, non-residential including principles of person-centered planning).	7/1/15	6/30/20	Bureau for Medical Services, QIA and ASO
Outreach and Education	5. Provide strategic technical assistance by issuing fact sheets, FAQ's and responding to questions related to the implementation of the transition plan (action steps, timelines, and available technical assistance).	7/1/15	6/30/20	Bureau for Medical Services, QIA and ASO
Outreach and Education	6. Provide training to enrollment staff to heighten scrutiny of new providers/facilities.	7/1/15	6/30/20	Bureau for Medical Services, ASO and Office of Health Facility and

				Licensure (OHFLAC)
Outreach and Education	7. Develop and include ongoing provider training on rights, protections, person-centered thinking, and community inclusion.	7/1/15	6/30/20	Bureau for Medical Services, QIA and ASO
Outreach and Education	8. Provide training to quality improvement system on new settings outcomes measures and update applicable Member Handbooks to strengthen person centered HCBS requirements.	7/1/15	6/30/20	Bureau for Medical Services, QIA and ASO
Quality	9. Quality Measures <ul style="list-style-type: none"> a. Develop or revise on-site monitoring tools to meet compliance (e.g. opportunities for “informed” choice, choice of roommate and setting, freedom from coercion). b. Include outcomes measures on settings within the current 1915c waiver quality improvement system. c. Build community character indicators within the 6 CMS Quality Assurances reviewed through the provider self-review process. 	7/1/15	6/30/20	Bureau for Medical Services, QIA and ASO
Quality	10. Expand upon the QIA council to include responsibility to monitor data associated with meeting transition plan action items and outcomes data. Establish a baseline of outcomes data and measure throughout transition plan implementation.	7/1/15	6/30/20	Bureau for Medical Services, QIA and ASO
Quality	11. Crosswalk quality assurance tools against settings characteristics and person-centered planning requirements to identify areas of potential enhancement to the quality improvement system.	7/1/15	6/30/20	Bureau for Medical Services, QIA and ASO
Policies and Procedures	12. Modify regulations to ensure community characteristics are reflected across IDD waiver services with particular attention on ISS, group homes and specialized family care homes as well as facility based day habilitation.	7/1/15	6/30/20	Bureau for Medical Services, QIA and ASO
Provider Remediation	13. Develop a transition plan approval process which requires the provider to submit progress reports on the implementation of the specific setting identified.	7/1/15	6/30/20	Bureau for Medical Services, QIA and ASO
Provider Remediation	14. Prepare a formal letter indicating the need for the provider to develop a transition plan for EACH setting. Include guidance and a template transition plan that requires action steps and timelines for compliance.	7/1/15	6/30/20	Bureau for Medical Services, QIA and ASO
Provider Remediation	15. Develop a plan to manage non-compliance with the transition plans submitted by providers (e.g. disenrollment, sanctions). Include a decision flow and timeline within the management plan. Connect the plan with the quality improvement system. Assist providers in either becoming compliant or being terminated as a provider of HCBS because they are unable to become compliant.	7/1/15	6/30/20	Bureau for Medical Services, QIA and ASO
Provider	16. Using lessons learned from the state’s MFP	7/1/15	6/30/20	Bureau for Medical

Remediation	program, develop a process for helping individuals to transition to new settings as appropriate.			Services, QIA , ASO and WV MFP
Provider Remediation	17. Building upon the MFP program, develop a housing strategic plan to address the potential need for transition to new housing as well as prepare the LTSS system for future need.	7/1/15	6/30/20	Bureau for Medical Services, QIA , ASO and WV MFP
Provider Remediation	18. Work with the stakeholder group to a) identify challenges and potential solutions to support provider changes that may be necessary. b) develop a toolkit for provider use that includes housing resources and person-centered planning strategies.	7/1/15	6/30/20	Bureau for Medical Services, QIA , ASO and WV MFP
Provider Remediation	19. Require provider owned or controlled residences to ensure residents rights are protected by legally binding agreements (lease or other).	7/1/15	6/30/20	Bureau for Medical Services, QIA , ASO and WV MFP
Provider Remediation	20. Develop template leases, written agreements or addendums to support providers in documenting protections and appeals comparable to those provided under West Virginia landlord tenant law. Ensure that written language describes the required environment to comply such as locked doors and use of common areas.	7/1/15	6/30/20	Bureau for Medical Services, QIA , ASO and WV MFP
Provider Remediation-Non-Residential	21. Develop strategies for moving away from more congregate employment to naturally occurring learning environments and access to community activities and events. Build upon the supported employment model by including more person-centered and inclusionary supports including access to a variety of settings for participants to interact with non-disabled individuals (other than those individuals who are providing services to the participant) to the same extent that individuals employed in comparable positions would interact.	7/1/15	6/30/20	Bureau for Medical Services, QIA, ASO and WV Employment First through WV Developmental Disabilities Council

PUBLIC INPUT, STAKEHOLDER ENGAGEMENT AND OVERSIGHT

Compliance Area	Action Item	Start Date	End Date	Agency Responsible
Oversight	1. Convene a subcommittee across the WV Bureau for Medical Services to monitor the implementation of the transition plan.	10/20/14	6/30/20	Bureau for Medical Services
Oversight	2. Develop a communication strategy to manage the public input required by the rule as well as ongoing communication on the implementation of the transition plan. Adapt the strategy to different audiences including state legislators.	10/20/14	6/30/20	Bureau for Medical Services
Stakeholder Engagement	3. Reach out to providers and provider associations to increase the understanding of the rule and maintain open lines of communication.	10/20/14	6/30/20	Bureau for Medical Services and WV Behavioral Healthcare Providers Association
Stakeholder	4. Create a space on an existing state website to post	11/19/14	6/30/20	Bureau for Medical

Engagement	materials related to settings and person-centered planning.			Services
Stakeholder Engagement	5. Develop and issue required public notices. Collect comments and summarize for incorporation in the transition plan and within communication tools (e.g. FAQs).	11/19/14	6/30/20	Bureau for Medical Services and ASO