

**COVID-19 REOPENING PLAN**  
**JULY 1, 2020**  
**WV AGED & DISABLED WAIVER (ADW), TRAUMATIC BRAIN INJURY WAIVER (TBIW) AND**  
**STATE PLAN PERSONAL CARE SERVICES**

On March 20, 2020, BMS forwarded a “Coronavirus Disease (COVID-19) Precautions” memo that advised on requirements for implementing preventative measures related to the current worldwide pandemic. The Centers for Medicare and Medicaid Services (CMS) has approved those measures for West Virginia’s Aged and Disabled and Traumatic Brain Injury Waiver and Personal Care Services programs through June 30, 2020.

Although West Virginia’s rate of infection is comparatively low, the risk of COVID-19 infection to members of Home & Community-Based Services programs remains significant. For this reason, CMS has approved the following measures through December 31, 2020 unless otherwise specified below. Please note that BMS reserves the right to modify these preventative measures as needed due to changes in the rates of infection or guidance from state or federal authorities.

The Centers for Disease Control and Prevention (CDC) have published Guidance for Direct Service Providers, which can be found by going to:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html>

Additionally, agencies are required to observe the following general precautions, as they apply to the circumstance, for any face-to-face activities:

- Physical distancing of at least six feet must occur when possible
- Cleaning, sanitizing, and disinfecting frequently touched surfaces and shared objects must be performed multiple times per day
- Items that are not easily sanitized must not be shared among members
- Disinfectants must be applied safely and correctly
- Proper hand-washing techniques must be taught, reinforced, and observed
- Proper cough/sneeze protocols must be taught, reinforced, and observed
- The use of cloth face-coverings is strongly encouraged
- Agencies should remind personnel and members frequently not to touch face-coverings or face
- Posting of informational flyers describing proper use of PPE, cough/sneeze protocols, hand-washing techniques, and other precautions is encouraged in common areas
- Health screens that include temperature checks and signs/symptoms questionnaires are encouraged
- Staff that are ill or report having been exposed to an infected person must not provide services
- Proper provision of services to members who exhibit signs/symptoms of CoVID-19 must be observed (please refer to CDC guidelines)

## BACKGROUND CHECKS

The suspension of the requirement to have new hires fingerprinted has been extended to September 1, 2020. Agencies will continue to be required to prescreen new hires through WV CARES system to determine if the worker is eligible for employment. (Please refer to June 2, 2020 letter from Jolynn Marra, Interim Inspector General.

Please monitor WV CARES website for updates regarding the reopening of fingerprinting locations throughout the state.

## STAFF TRAINING

Due to the pandemic, staff training requirements were suspended between March 12 and June 30, 2020. During this time, agencies were encouraged to conduct staff trainings electronically or through other remote methods.

Effective July 1, 2020, staff training/certification requirements are no longer suspended. This means that new employees hired on/after July 1 will be required to complete initial training as required by policy prior to providing services. Also, active employees that are due for training updates on/after July 1 will be required to complete the trainings prior to their expiration dates in order to continue to provide services. Whenever possible, agencies are encouraged to continue conducting staff training electronically or through other remote methods.

Agencies that did not conduct training for new hires or require active staff to complete annual training between March 12 and June 30, 2020 are required to have these staff come into compliance with training/certification requirements on or before October 1, 2020.

Agencies are encouraged to conduct training electronically or through other remote methods. Electronic versions of CPR training must have prior approval from BoSS for ADW/PC and KEPRO for TBI. Note that any electronic member-specific training must be conducted via a secure network. Should an agency determine it necessary to conduct in-person training, the general precautions described above must be observed.

**Transportation Requirements:** The DMV has announced that expiration dates for vehicle registration and driver's licenses has been extended through August 1, 2020. Additionally, per the West Virginia State Police, the suspension of vehicle inspections will end on July 1, 2020. More information on these announcements can be found here:

<https://transportation.wv.gov/DMV/Pages/covid-info.aspx>.

For purposes of staff files, agencies are required to maintain up-to-date information, according to these allowances. For example, if a staff person's driver's license expired on March 15, 2020, a copy of that license should be maintained in the file until the renewal occurs on or before August 1, 2020.

## MEMBER ASSESSMENTS

Effective July 1, 2020, the initial and annual medical eligibility assessments of members can no longer be postponed. Telephone assessments are still encouraged due to the at-risk population. Face-to-face interviews are not encouraged with the members at this time due to health and welfare risks. If the situation warrants, an in-person assessment may occur with proper protection and preventive measures (Safety and Hygiene Requirements). BMS **does not require** face-to-face assessments. Assessments are **encouraged** to continue to be conducted via secure electronic means or telephone.

**Retro Assessments:** Assessments postponed at the member's request between March 13 and June 30, 2020 COVID19 will be required to be completed by October 1, 2020.

## PROVIDER REVIEWS

Whenever possible, agency certification and quality reviews will continue to be conducted remotely. Records will be requested using a File Transfer Protocol (FTP). Alternative methods will be explored for providers whose size is not conducive to an FTP (such as faxing). Photographs of facilities and copies of agency policies may be requested to confirm facility compliance with policy requirements.

Members' Service Plans/Plans of Care, Personal Attendant Logs/Worksheets, Assessments and Plans of Care/Service Plans will be accessed through the CareConnection® (if applicable). It is strongly encouraged that providers upload documents to the CareConnection® as required by policy. This will allow reviews to be conducted more efficiently. (For TBIW, documents are to be sent directly to KEPRO.)

The Continuing Certification Database will be utilized as much as possible (ADW & PC only) however, documentation from personnel records may be requested.

On-site reviews may be conducted if determined necessary by BMS.

## SERVICE PLANNING/PLAN OF CARE MEETINGS

Due to the at-risk population, face-to-face meetings are not required. It is **encouraged** to conduct meetings electronically via a secure network or by telephone. If a visit is warranted, all attendees must follow preventive and protective guidelines. BMS recognizes that in-person planning meetings may be required to meet specific members' needs.

**Documentation:** If the meeting is conducted by telephone or electronically, the Case Manager and RN will be required to obtain signatures required by policy indicating the member/guardian and team

members participated in the development and are in approval of the plan. Signatures may be obtained through electronic software that meets privacy and security requirements OR by mailing the document to the member to sign and return to the agency. **Services may start while waiting for the signature to be returned to the agency.** Signatures must include the actual date that the team meeting occurred.

ROUTINE MEETNGS	
<b>CoVID-19 Q/A Calls:</b>	Questions regarding the CoVID-19 response should continue to be submitted; COVID19 Q/A Calls will continue as long as necessary.
<b>ADW/PC July 2020 QIA Council Meeting:</b>	This meeting will be conducted via conference call. Council Members and Council supporters will be provided the conference call number and pass code. Meetings are published on the Secretary of State’s website with directions to contact Cecilia Brown by email regarding alternative participation. The meeting will be held from 10:00 a.m. to 12:00 pm. with stakeholder input opportunity at the meeting.
<b>ADW/PC August 19, 2020 Quarterly Provider Meeting:</b>	A provider conference call will be conducted.
<b>ADW October 2020 QIA Council Meeting:</b>	This meeting will be conducted via conference call. Council Members and Council supporters will be provided the conference call number and pass code. Meetings are published on the Secretary of State’s website with directions to contact Cecilia Brown by email regarding alternative participation. The meeting will be held from 10:00 a.m. to 12:00 pm. with stakeholder input opportunity at the meeting.
<b>ADW/PC November 18, 2020 Quarterly Provider Meeting:</b>	A provider conference call will be conducted.
<b>TBIW July 2020 Quarterly Provider Meeting:</b>	This meeting will be held via webinar.
<b>TBIW August 2020 QIA Council Meeting</b>	This meeting will be held via webinar.
<b>TBIW October 2020 Quarterly Provider Meeting</b>	The venue for this meeting is yet to be determined; providers will be notified.
<b>TBIW November 2020 QIA Council Meeting</b>	The venue for this meeting is yet to be determined; providers will be notified.

### SKILLED NURSING (ADW and PC only)

Due to the at-risk population, agencies will not be required to conduct Skilled Nursing in the member's home. It is strongly **encouraged** that these services continue to be provided electronically via a secure network or by telephone. If the situation warrants a face-to-face contact, preventative measures must be followed. BMS recognizes that in-person services may be required to meet specific members' needs.

### HOME VISITS

Due to the at-risk population, agencies will not be required to make a face-to-face home visit when the contact will compromise the member's health and welfare. The Case Manager and the RN must note that the visit was made via telephone or a secure electronic network. It is **strongly encouraged** that home visits continue to be conducted electronically via a secure network or by telephone. If the member's needs warrant a face-to-face visit, the Case Manager and RN must utilize protective measures.

### PA/DIRECT-CARE SERVICES

Program members may choose to temporarily decrease or suspend their PA/Direct-Care services to prevent risk of infection to themselves or other individuals living in the home. In these cases, the Case Manager and RN should monitor the members to ensure their needs are being met through natural supports. Members that choose to suspend these services will not lose program eligibility due to not receiving PA/Direct-Care services.