

West Virginia Developmental Disabilities Council Comments on IDD Waiver 2025 Renewal Application			
Section	Page	Comment/Concern/Question	Recommendation
Waiver Eligibility Criteria – Standard Deviations, B-1	30	<p>High Priority Comment</p> <p>Substantial deficits are defined as standardized scores of three standard deviations below the mean or less than one percentile when derived from a normative sample that represents the general U.S. population or equal to or below the 75th percentile when derived from intellectual disability normative populations. While this is not a new change in the waiver application, it remains a serious concern to the Council.</p> <p>The Council reviewed the medical eligibility criteria for the intellectual and/or developmental disabilities waivers of all other 49 states and the District of Columbia. The findings were clear that no other state or district of the United States uses such a restrictive substantial deficit criterion. All other states use the definition of intellectual and/or developmental disability found in federal law and/or the Diagnostic and Statistical Manual (DSM-5) which identifies two standard deviations from the mean.</p>	The Council recommends the Bureau use the federally and nationally recognized definition of intellectual and/or developmental disability of two standard deviations of the mean.
Waiver Eligibility Criteria – Autism Spectrum Disorder, Appendix B-1 and B-6	30 and 44	<p>High Priority Comment</p> <p>This proposed waiver application specifies Level III as an initial medical eligibility requirement for autism spectrum disorder (ASD) as an example of a related condition for eligibility. In previous waiver applications, the term used is autism. This waiver application appears to eliminate members who have Level I or Level II ASD. Autism is not checked as a target group. Twenty-seven (27) out of 45 states (or 60%) specify autism (with no delineation on level of ASD) or have a specific autism 1915(c) waiver. Five (5) states were not included in this research because they implement 1115 demonstration waivers. States with autism-</p>	<p>The Council recommends the Bureau leave the criteria as it has appeared in previous applications as a related condition of autism or check autism as a target group.</p> <p>How many members receiving I/DD Waiver services have a diagnosis of Level I or Level II ASD? How will this change affect them, and will they lose waiver services? What is the plan to inform members? If another</p>

West Virginia Developmental Disabilities Council Comments on IDD Waiver 2025 Renewal Application			
Section	Page	Comment/Concern/Question	Recommendation
		specific waivers: Arkansas, Connecticut, Kansas, Maryland, Massachusetts, North Dakota, and Pennsylvania.	qualifying condition is present with a diagnosis of Level I or Level II ASD will they automatically be deemed ineligible?
Waiver Slot Allocation, B-3	33	<p>High Priority Comment</p> <p>The waiver application increases the unduplicated number of participants for the first year of to 6,165. This is an increase in unduplicated participants for year 1 by 201 unduplicated participants. In years 2 through 5 there is no increase in the number of unduplicated participants. This equates to an increase of 201 slots over the 5-year waiver renewal period.</p>	The Council recommends the Bureau project an adequate level of slots needed over the 5-year period to meet the needs of people who require and are eligible for this service. The use of wait lists place those otherwise eligible at risk of institutionalization.
Length Of Institutionalization Requirements Slots For Benjamin H, B-3 <i>Included in the January 2024 Waiver Amendment Application</i>	34	<p>High Priority Comment</p> <p>Benjamin H. slot eligibility where adults must be institutionalized for “over one year”; and children must be institutionalized in an out-of-state facility for “at least one year.” There are 6 slots allocated for adults and 6 slots allocated for children who meet this requirement.</p> <p>The unapproved Waiver amendment application dated January 2024 made a change to this that reduced the institutionalization time from one year to six months. This change was removed under the renewal application of February 2025.</p>	The Council recommends removing the one-year institutional timeframe. Priority should be given to those with the longest interval for institutionalization. Institutions for Mental Disease (IMD) are not intended for long-term care. These facilities are short-term stays under civil commitment.
Case Management Qualifications, C-1 and C-3	54-57	The unapproved January 2024 Waiver Amendment made changes to the qualifications for Case Management. This change would have permitted an individual with 5 years of experience in the WV IDD Waiver field in lieu of a four-year degree in the human service field with restrictions. The restriction is the provider must be	The Council recommends including this change to give more experienced workers opportunities to become case managers. This would increase

West Virginia Developmental Disabilities Council Comments on IDD Waiver 2025 Renewal Application			
Section	Page	Comment/Concern/Question	Recommendation
<i>Included in the January 2024 Waiver Amendment Application</i>		under the supervision of the case manager supervisor for 6-months.	retention and give direct care workers a career ladder to seek promotion.
At-Risk Case Management, C-1 and C-3 <i>Included in the January 2024 Waiver Amendment Application</i>		<p>This was a new service proposed in the unapproved Waiver amendment application dated January 2024. This new service was not included in the renewal application. The purpose of this service was to ensure Waiver services are in place day one of the member’s transition to the community from an institutional facility, and to assist in preventing institutionalization for members at risk.</p> <p>The amendment application permitted this service to be billed for 100 units or 25 hours.</p> <p>Individuals eligible for this service must live in (or be at risk of) a nursing facility, hospital, correctional facility, institution for Mental Disease or a combination of any of the three for at least six months.</p>	<p>The Council recommends this service be included in the Renewal application. The State is seeing an unprecedented number of people inappropriately held in state psychiatric facilities, long after they are ready for discharge.</p> <p>This service could benefit those in getting out of and/or avoiding costly and inappropriate institutionalization.</p>
At-Risk Case Management, C-1 and C-3 <i>Included in the January 2024 Waiver Amendment Application</i>	55-58	At Risk Case Management qualifications include a new provision for someone with 5 years of experience in the WV IDD Waiver field in lieu of a four-year degree in the human service field with restrictions. The restriction is the provider must be under the supervision of the case manager supervisor for 6-months.	The Council recommends including this change to give more experienced workers opportunities to become case managers. This would increase retention and give direct care workers a career ladder to seek promotion.
Crisis Intervention Services, C-1 and C-3	80-84	The unapproved January 2025 amendment application changed the timeframe that the IDT must hold a critical juncture meeting to within the first 72 hours of the crisis. This language is changed in the renewal application to “as quickly as possible.” The change in	The Council recommends that the Bureau change the timeframe for holding a critical juncture meeting following a crisis to 72 hours. The proposed language is

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Section	Page	Comment/Concern/Question	Recommendation
<i>Included in the January 2024 Waiver Amendment Application</i>		the renewal application is consistent with the current waiver policy.	too ambiguous and lacks a concrete definition or range.
Crisis Intervention Services, C-1 and C-3	80-84	<p>Crisis intervention services have increased from 1,344 units/336 hours to 17,280 units/4,320 hours.</p> <p>Includes the provision for the service to be provided via secure electronic means.</p> <p>Crisis services may be implemented immediately, for up to 72 hours, without prior authorization.</p>	The Council appreciates the Bureau making this critical change. We are hopeful this will positively impact those who are experiencing a crisis, especially those inappropriately placed in state psychiatric hospitals.
Licensed Group Home Person Centered Support, C-1 and C-3	103	<p>This application continues to include the provision for, “Any person residing in a site serving more than four people must have a transition plan created to move to a site that services no more than four people within a three-year period.” This provision was included in the 2020 waiver application. There is no information on the BMS website for prior waiver applications to determine how many years this provision has been in place.</p> <p>At a minimum it has been at least three to four years since this provision has been in place. How many licensed groups homes were there in 2020 and how many people are served? As of September 2023, how many licensed groups homes are in existence and how many people do they serve</p> <p>Is there an anticipated timeframe when there will no longer be licensed residential waiver setting that serve more than four people.</p> <p>This application continues to include the provision for, “Any person residing in a site serving more than four people must have a</p>	The Council recommends the Bureau issue regular reports on the status of these residential settings.

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Section	Page	Comment/Concern/Question	Recommendation
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Base Budget Ranges, C-4	155	Base budget ranges per setting and the maximum add-on to any member’s base budget are not projected to change or increase from the previous 5-year waiver application. This is a concern due to the increase in the cost of living, inflation and the direct support workforce crisis.	The Council recommends the Bureau evaluate how the base budget ranges to ensure they take into account changes in services and units proposed in this application.
Participant Direction, E-1 <i>Included in the January 2024 Waiver Amendment Application</i>	198	The unapproved January Waiver Amendment application projected an increase in members engaging in Participant Directed Services. The current application identifies 2,352 members served through Participant Directed Services in Year 5. This would have equated to the projection of an additional 1,168 people accessing Participant Directed Services. The Waiver Renewal application does not reflect an increase to the number of people who will participate in participant directed services.	The Council recommends the Bureau increase the number of Members who can access participant directed services.