

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
1.	4/23/2019	<p>[Redacted] County Schools appreciates the opportunity to provide public comment on the proposed waiver application. Upon review, it appears that while the waiver addresses children 21 and under as a target group, there was no explicit inclusion of public schools' staff in the development process. As such I understand that there were a number of potential HCBS services considered for inclusion in the waiver. Based on stakeholder input you identified six priority services to include:</p> <ul style="list-style-type: none"> <li>Family Support and Training</li> <li>Crisis Services</li> <li>Counseling and Therapeutic Services</li> <li>Respite Care</li> <li>Case Management</li> <li>Therapeutic Foster Care</li> </ul> <p>I write from the perspective of a k-12 public school Superintendent who is responsible for staffing, funding and delivering a significant portion of the services available to meet the needs of children with serious emotional disorders. In [Redacted] County alone we expend \$2 million annually on fewer than 25 children requiring out of state placement due to significant behavioral needs that cannot be met in our public-school system. Braiding waiver funding with public education funds would be a positive and financially sound way to provide needed services without duplication. I note that day treatment was one of the proposed services</p>	<p>Thank you for your feedback. This Waiver cannot cover services that are deemed among those that schools should provide, and instead focuses on other home- and community-based services and supports. These supports are designed to include skill development that will allow children to use such skills in whatever setting they participate.</p> <p>The State will be unable to braid funding under this Waiver at this time.</p> <p>Components of day treatment that do not cross over into educational programming were included in the Waiver.</p>

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		<p>that was not included in the final recommendations. A review of the statewide expenditures in public schools for day treatment services for children with behavioral issues would reveal significant expenditures that are crippling school's abilities to expand prevention services at lower grade levels and for children who exhibit characteristics, but do not yet meet the criteria for SED.</p> <p>Counseling and therapeutic services are certainly needed and welcomed for K-12 students with SED. As with every service, the parameters for eligibility and delivery will drive the results. These services need to be available during the school day and delivered in the schools. Transportation is a SIGNIFICANT barrier for many parents. Given that the school system has an already funded transportation system, it would be advantageous to leverage that for compliance to maximize the benefit of waiver dollars. We certainly support the need to support parents/caregivers in the process of addressing the needs of children with SED. However, the service provision menu proposed appears to be heavily invested in providing services in the home and perhaps influenced by the percentage of in-home service providers participating in the process.</p> <p>Thank you for the opportunity for public comment and I have included my contact information below should someone choose to follow up with me.</p>	

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
2.	4/24/2019	<p>I'm a mom of 5 children. Three of them are on the Autism Spectrum, however my oldest son is 19 and is "high functioning" but not able to do simple things like showering without any assistance, cooking a meal, loading the dishwasher, things like that. He also has a mood disorder with psychotic features.</p> <p>I've been trying for many years to get help for him. He's refused to do OT for adaptive living skills, he told his psychiatrist that he has the skills to control his anger, but he just doesn't want to use them. I've been threatened to be stabbed trying to get him to leave his younger brother alone.</p> <p>In an effort to get in home services, I've applied for ID/D Waiver 3 times for him, he's been denied all three times.</p> <p>WE NEED HELP!! If this waiver program were to be approved, it could be of great benefit to our family and many others like it.</p>	Thank you for your feedback.
3.	4/25/2019	<p>I wanted to applaud DHHR efforts at the creation of this waiver. I am a child and adolescent psychiatrist and it is such a critical need.</p> <p>A few comments I wanted to add: I think the language in discussion of the psychological assessments needs to assure that PEDIATRIC trained</p>	<p>Thank you for your feedback. Please note that a professional who conducts an eligibility assessment cannot also provide services to that child.</p>

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		<p>psychologists are involved in the assessment. This is critical so that a provider also has specific training in development around pediatric issues and the correct training in diagnosing from the DSM-5 from a developmental perspective. Non-pediatric providers who try to use the DSM-5 on children without pediatric training are at risk of over diagnosing pediatric patients and missing key developmental tenets. I think this pediatric training wording is key in any mention of psychological assessments to assure the health and wellness of child or West Virginia. I have seen serious errors in the last decade I have worked in WV made in terms of diagnosing and assignments of the appropriate level of care for pediatric patients when non-child trained psychologists have been utilized in prior work-shortage situations. Please consider adding language to this that includes use of Pediatric specific training for psychologists.</p> <p>Also I think you should strongly consider including assessments by child and adolescent psychiatrists (MDs) with advanced training in applying the DSM5 to children in eligibility criteria for this waiver. Child and Adolescents Psychiatrists (CAP) are the medical professionals with the highest trained providers in this area in the full bio-psycho-social assessments of serious mental illness in child and their input is critical. A CAP working alongside a pediatric psychologist is a power force in treatment. To exclude either from the assessment would be detriment of the child. Child and Adolescent Psychiatrists are at the forefront of writing</p>	<p>Please contact the CSEDW Program Manager at <a href="mailto:BMSSSEDWaiver@wv.gov">BMSSSEDWaiver@wv.gov</a> for information on how to enroll with the independent provider network.</p>

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		<p>the DSM5 for children. Please see our national organizations webpage <a href="http://www.AACAP.org">www.AACAP.org</a> for more information on our profession's dedication to the needs of children's mental health. In our state with the levels of child and adolescents who have been exposed in-utero to substances of abuse the medical needs that go along side with the emotional needs are huge.</p> <p>Thank you again for your efforts. I'm so glad to see this coming for the children of our state. Your hard work is greatly appreciated by those of us soldiering on the ground in WV to treat these children.</p>	
4.	4/28/2019	<p>In regard to the 1915C Waiver, I would like to see music therapy included as a covered service.</p> <p>Music therapy is described by the American Music Therapy Association as "the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. It is an established health service similar to occupational therapy and physical therapy and consists of using music therapeutically to address physical, psychological, cognitive and/or social functioning for patients of all ages."</p> <p>Music therapy can address the goals outlined in Appendix C of the CSEDW application, which reads "Activities and</p>	<p>Thank you for your feedback. Music therapy is not specifically excluded from this Waiver. Consideration would occur during the Individual Service Plan development to determine the services most needed by each child served by the Waiver.</p>

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		<p>environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, community inclusion, relationship building, self-advocacy and informed choice necessary to successfully function in the home and community."</p> <p>Music therapy provides opportunities to:</p> <ul style="list-style-type: none"> <li>• Explore personal feelings and therapeutic issues such as self-esteem or personal insight</li> <li>• Make positive changes in mood and emotional states</li> <li>• Have a sense of control over life through successful experiences</li> <li>• Enhance awareness of self and environment</li> <li>• Express oneself both verbally and non-verbally</li> <li>• Develop coping and relaxation skills</li> <li>• Support healthy feelings and thoughts</li> <li>• Improve reality testing and problem solving skills</li> <li>• Interact socially with others</li> <li>• Develop independence and decision making skills</li> <li>• Improve concentration and attention span</li> <li>• Adopt positive forms of behavior</li> <li>• Resolve conflicts leading to stronger family and peer relationships</li> </ul> <p>In addition, because many children have an interest in and openness to music-based interventions, they often have a positive response to music therapy and participate willingly.</p>	

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		<p>Music therapy is a growing field within West Virginia. West Virginia University offers a Bachelor's degree in music therapy, which qualifies graduates to sit for the national board certification exam, so we can look forward to an increasing number of music therapists to meet the needs of children across the state.</p> <p>I hope to see music therapy included as a service in support of West Virginia's children and their families under the 1915 C Waiver.</p>	
5.	4/29/2019	<p>To Whom It May Concern:</p> <p>I am excited to hear about a potential new waiver program for Children with Serious Emotional Disorder. There is a great need in the state of WV to service children with this diagnosis. Often they are the “forgotten kids” and seem to receive little or no help with skills. I recently became a contractor with Highland Hospital and have witnessed the children and tweens who have no coping skills, who are angry, and above all have no family or positive support in their life. This program would provide a great opportunity for hope and skills to function in community and school and home.</p> <p>As a certified music therapist, the opportunity to work with kids and assist in giving them coping and angry management skills would be beneficial as well as other skills. I do feel it is important to have a board-certified music therapist contribute</p>	<p>Thank you for your feedback. Music therapy is not specifically excluded from this Waiver. Consideration would occur during the Individual Service Plan development to determine the services most needed by each child served by the Waiver.</p>

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		<p>to the services of the program. A certified music therapist would complete an evaluation and develop goals and objectives for the individual. I do recommend therapy in a group or individual setting. Often through group therapy we are able to work on compromise, getting along with others, expression of feelings and expression of thought as well as many others. If you have other questions pertaining to Music Therapy please see our professional link  <a href="https://www.musictherapy.org/">https://www.musictherapy.org/</a>            Thank you for the opportunity to comment on the waiver program.</p>	
6.	4/30/2019	<p>Dear sweet people. I have adopted 5 children from WV DHHR. I have many concerns over my 10 year old twins. They have ADHD...Anxiety...ODD...ID...EXPLOSIVE DISORDER. We have had one twin already sent to Highland Hospital. Although she is home now. We currently see a psychiatrist for both twins &amp; both are medicated. We have issues within the public school system. The teachers face behavioral issues. We have had the police to our home MANY times the twins run away. We would sooooo appreciate any help available.</p>	Thank you for your feedback.
7.	5/10/2019	<p>Good morning,  I have a couple of questions regarding the HCBS waiver application:</p>	<p>Thank you for your feedback. Equine therapy is not specifically prohibited under this Waiver. Services and supports that best address participating children's needs are evaluated during the</p>



Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		<p>"Specialized Therapy refers to activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of a member's needs that arise as a result of his/her SED. The service is intended to assist the member in acquiring the knowledge and skills necessary to understand and address these treatment needs, e.g., developing and enhancing problem-solving skills, coping mechanisms, strategies for the member's symptom/behavior management. Specialized Therapy are professional services that should promote full membership in the community and/or increase safety in the home environment and local public community and/or assist the individual is self-directing his or her services. Specialized Therapy services must be directed and provided by professionals who are trained, qualified, and/or certified to provide activity therapies. Providers of Specialized Therapy cannot treat their own family members. A member receiving the service does not have the funds to purchase it directly or the service is not available through another source; cannot be accessed as a means of reimbursement for services that have already been obtained and not been pre-approved by the MCO. Services provided in this category will be in response to a specific goal/s in the member's ISP and will not duplicate any other services provided to the member and based on medical necessity. The services under the waiver are limited to additional services not otherwise covered under the Medicaid State plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization. Specify applicable (if any)</p>	<p>Individual Service Plan development process.</p>

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		<p>limits on the amount, frequency, or duration of this service: Unit is \$1. Up to \$500 per service plan year in combination with Assistive Equipment."</p> <p>Does specialized therapy include equine-assisted therapy? The limit of up to \$500 per year - this is combined with Assistive equipment. Can you explain?</p> <p>Do services have to be provided by a licensed behavioral health provider, or may independent practitioners offer services?</p> <p>Thanks!</p>	<p>Specialized therapy includes equine-assisted therapy. Specialized therapies would be funded from the same \$500 that would cover assistive equipment.</p> <p>Independent practitioners would need to contract with a Licensed Behavioral Health Center in order to provide services under this waiver.</p>
8.	5/10/2019	<p>1. Under Brief Description, change the last sentence in the first paragraph to "shorten the lengths of stay for children who require acute care" because PRTF and acute care are different levels of care.</p> <p>2. Under Brief Description, change "psychological testing firm" to "a psychological practice as the Medical Eligibility Contracted Agent" in the first sentence of the last paragraph.</p> <p>3. Under Appendix A #3 Use of Contracted Entities change the language under Medical Eligibility Contracted Agent (MECA) to "make eligibility decisions for all initial applicants and redetermine Waiver participants annually."</p>	<p>1. Thank you for your feedback. The application will be changed to reflect this language.</p> <p>2. Thank you for your feedback. The application will be changed to reflect this language.</p> <p>3. Thank you for your feedback. The application will be changed to reflect this language.</p>

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		<p>4. Under Appendix A #5 Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities, change the second sentence of the last paragraph to “As the MECA Psychological Consultation &amp; Assessment, Inc. will provide eligibility criteria assistance, provide assistance with training of the Independent Psychologist Network (IPN), recruit psychologists for the IPN, develop standards and report to KEPRO, review assessment reports for eligibility, monitor and track application timelines, make eligibility determinations/redeterminations, attend eligibility hearings, provide continued training to the IPN, and will remain actively involved in the evaluation process.</p> <p>5. Under Appendix A b.i, remove “detailed” in the last sentence.</p> <p>6. Under Appendix B under Section b Additional Criteria, change Serious Emotional Disturbance to Serious Emotional Disorder in the third paragraph.</p> <p>7. Under Appendix B under section b Additional Criteria, change the last paragraph to read “Additionally, this Waiver prioritizes children/youth with SED who are in Psychiatric Residential Treatment Facilities (PRTFs) or other residential treatment providers out-of-state, and those who are in such facilities in-state. Then, Medicaid-eligible children with SED who are at risk of institutionalization are the target group.</p>	<p>4. Thank you for your feedback. The application will be changed to reflect this language.</p> <p>5. Thank you for your feedback. The application will be changed to reflect this removal.</p> <p>6. Thank you for your feedback. The application will be changed to reflect the update.</p> <p>7. Thank you for your feedback. The application will be changed to reflect this language.</p>

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		<p>8. Under Appendix B b.i, remove “detailed” in the last sentence.</p> <p>9. Under Appendix C for Performance Measure #C-aib-1 should the MCOs also be a responsible party for data?</p> <p>10. Under Appendix D, section d Individual Service Plan Development Process, please change the second sentence under d to read “The development of the ISP by the MDT must be guided by the member’s needs and goals as well as address the needs that are identified in assessments and evaluations.</p> <p>11. Under Appendix F-1 under Procedures for Offering Opportunity to Request a Fair Hearing the #3 text box is not clear. Are you saying they are denied based on policy/procedure?</p> <p>12. Under Appendix F-1 under Procedures for Offering Opportunity to Request a Fair Hearing, change the second sentence of the third paragraph to read “If the member is contesting a program eligibility-related decision, fair hearing will be requested through the ASO. This will make it clearer to the reader.</p> <p>13. Under Appendix F-1 under Procedures for Offering Opportunity to Request a Fair hearing, the last sentence of the fourth paragraph doesn’t make sense.</p>	<p>8. Thank you for your feedback. The application will be changed to reflect this removal.</p> <p>9. Thank you for your feedback. The application will be changed to add the MCO as another responsible party for data.</p> <p>10. Thank you for your feedback. The application will be changed to reflect this language.</p> <p>11. Thank you for your feedback. #3 will be removed from the application as it is not conducive to the CSEDW program.</p> <p>12. Thank you for your feedback. The application will be updated to reflect this language.</p> <p>13. Thank you for your feedback. The application will be updated to remove this last sentence for clarity.</p>

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		<p>14. Under Appendix G under section C Participant Training and Education, the second paragraph says information will be provided to the members and/or their parent/caregiver/legal representative (as applicable) as a part of the mailed materials sent after the initial medical eligibility determination, as well as during their bi-annual medical eligibility re-evaluation that defines abuse, neglect and exploitation and how to notify the appropriate authorities. Please clarify as annual medical re-evaluation is conducted annually and not bi-annually.</p> <p>15. Under Appendix G-2, section I Safeguards Concerning the Use of Restraints or Seclusion, consider changing the language in paragraph 2 to say “Restraint is permitted as an immediate response only in emergency safety situations when the member’s behavior is a physical danger to themselves or others” as restraint should only be used when there is a danger to themselves or others.</p> <p>16. Review of the rates shows that some of the rates may not be correct based on the level of education and experience required.</p>	<p>14. Thank you for your feedback. The application will be changed to reflect annual medical re-evaluation instead of bi-annual.</p> <p>15. Thank you for your feedback. The application will be changed to reflect the recommended language.</p> <p>16. Thank you for your feedback. Rates were reviewed and the following changes will be made to the application:</p> <p>A. In Home Family Therapy will change from \$78.71 per 50 minutes to \$30.84 per 15 minutes.</p>

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		<p>17. Can you please clarify whether this waiver will utilize one MCO, or if all MCOs will be participating?</p>	<p>B. In Home Family Support will change from \$5.26 per 15 minutes to \$14.35 per 15 minutes.</p> <p>C. Job Development will change from \$5.26 per 15 minutes to \$4.98 per 15 minutes.</p> <p>D. Mobile Response will change from \$5.26 per 15 minutes to \$10.00 per 15 minutes.</p> <p>E. Supported Employment will change from \$5.26 per 15 minutes to \$5.01 per 15 minutes.</p> <p>17. Thank you for your feedback. The CSEDW program will run concurrently with the specialized managed care for children and youth waiver and all youth who are eligible for the CSEDW program will be enrolled with this MCO. Youth who are receiving services from another MCO, will be required to switch to the specialized managed care provider.</p>

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
9.	5/13/2019	<p>Home and Community Based Services Unit, please find below comments regarding The Children with Serious Emotional Disorder Waiver application.</p> <p>The use of the term “MDT” instead of Family Team:</p> <p>The Waiver application identifies the Multi-Disciplinary Treatment Team (MDT) as the one responsible for assisting the family, attending meetings, assisting with development of services and the ISP, etc. WV Code, Chapter 49 identifies MDT’s as the group responsible for case planning assisting the court with permanency in child abuse/neglect and Juvenile court cases. This MDT is made up of attorneys, probation officers, CPS/Youth Service workers, the family, and treatment providers as well as others associated with the court case and family. I believe a clear delineation from the court mandated MDT is necessary as to allow the family the voice and choice of their team and case planning and to remove any confusion that could empower a court mandated MDT from trying to steer the ISP. The term “Family Team” is consistently used throughout the Wraparound model as well as other family driven treatment models. The membership is consistent with the way the wavier application is written.</p> <p>Services outlined in the waiver application:</p> <p>The identified services outlined in the waiver application seem heavily weighted toward supportive employment and</p>	<p>Thank you for your feedback. The final application will reflect a change from Multi-Disciplinary Team (MDT) to Person-Centered Service Planning Team (PCSPT), as well a change from Individual Service Plan (ISP) to Person-Centered Service Plan (PCSP).</p> <p>Younger children are eligible to receive all services provided through the waiver except those that are employment- or independent</p>

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		<p>independent living skills which may assist older youth transitioning to adulthood but 3 year old's will not benefit from these. It almost appears to mirror the IDD waiver program. There appears to be a large gap in the services for the SED younger population and their families.</p> <p>Thank you for your consideration of these comments.</p>	<p>living-related. This is a specialized waiver targeting a specific population and does not preclude eligibility for or use of other services.</p>
10.	5/17/2019	<p>To Whom It May Concern:</p> <p>I am writing to voice my support for the Children with Serious Emotional Disorder Waiver 1915 C. As a concerned parent and citizen, I have witnessed a growing need for support and funded programs in our community for programs such as Special Needs Support, Youth Psychological Support, Family Support &amp; Training, Community Transition, Adaptive Aids, Crisis Intervention, Counseling, Forster Care Support, and Therapeutic Services.</p> <p>Our society must embrace growing trends such as an increase in Autism. According to the CDC approximately 1 in 59 children is diagnosed with an autism spectrum disorder. These numbers have increased and clearly shows a need for support of Autism in a community such as ours.</p> <p>Currently, we don't have a facility in [Redacted] County, WV that accommodates these types of services. Children have to find services outside of the state and in most cases require</p>	<p>Thank you for your feedback.</p>



Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		<p>long commuting to find this support. The age group that is need of this support in our community is 3-21. We have many children who have been diagnosed with mental, behavioral and emotional disorders. Our community has been looking for solutions to provide our children with proper coping skills and abilities to adapt into our community.</p> <p>I believe the settlement reached between the U.S. Department of Justice and the State of West Virginia on May 14, 2019 to resolve the State's violation of the Americans with Disabilities Act (ADA), also supports my desire for a Special Needs Facility in [Redacted] County.</p> <p>This settlement addressed violations of the ADA regarding the services West Virginia provides to children who have mental illness, principally the institutionalization of children away from their families and communities. As a State we need to grow our Special Needs Facilities and support programs. (Attach this press release regarding settlement: <a href="https://www.justice.gov/opa/pr/departments-justice-reaches-agreement-resolve-americans-disabilities-act-investigation-west">https://www.justice.gov/opa/pr/departments-justice-reaches-agreement-resolve-americans-disabilities-act-investigation-west</a>)</p> <p>The agreement says the parties have agreed to target population and age for those who qualify for services such as Emotional or Behavioral disorders and impairments. It says the State of West Virginia must expand and develop</p>	

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		<p>community-based services so that children throughout the State have access to treatment close to the community where they live.</p> <p>As stated before, residents of [Redacted] County currently do not have access to these treatments and must go to nearby Maryland or Virginia to seek treatment. The Waiver for Children with Serious Emotional Disorders would allow families the opportunity to seek help for their children without leaving the community.</p> <p>I fully support the [Redacted] County Board of Education's plan to build a Regional Student Support Center in [Redacted], West Virginia. The plan for this center is to serve students with mental health and learning disabilities in [Redacted] Counties. The construction of this center would go far to help West Virginia comply with the DOJ settlement, by providing desperately needed services within easy reach of students who need them in the Eastern Panhandle. The Waiver for Children with Serious Emotional Disorders would be used by many families in the area to send their children to the Regional Student Support Center.</p> <p>I urge you to move forward with the Waiver for Children with Serious Emotional Disorders. These waivers would help equip our families with the tools and resources necessary to help our children get the help they need in the community they already live.</p>	

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
11.	5/21/2019	<p>As the federally mandated state protection and advocacy system Disability Rights of West Virginia has concerns regarding the State's ability to find adequate resources to ensure that services listed throughout this application actually come to fruition. There is certainly a need in West Virginia for a waiver program focusing on children diagnosed with mental, behavioral, or emotional disorders and this application does contain a robust array of intended services designed to meet the needs of these children. However, considering the workforces issues the State has with the other Medicaid Waiver Programs DRWV foresees a serious workforce problem for this program as well. Such as staffing shortages for direct services (particularly for respite services, family support/training, and day services) and a general lack of professionals (Therapists, Counselors, Crisis Services providers, and Psychologists) in the relevant fields of expertise necessary to carry out professional services for the CSED Waiver. If clear cut incentive programs and workforce development programs are not created to grow and maintain a stable workforce, the CSED Waiver will have the same problems as the other waiver programs. This means limited access to crisis services, significant wait times for appointments to receive professional services, lack of professional services in your community and an unstable network for day and respite services just to name a few.</p>	<p>Thank you for your feedback. The CSEDW team understands that workforce problems exist in West Virginia and would appreciate any suggestions or solutions. Please send to the CSEDW Program Manager at <a href="mailto:BMSSEDWaiver@wv.gov">BMSSEDWaiver@wv.gov</a>.</p>

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
12.	5/21/2019	<ol style="list-style-type: none"> <li>1. For the CSEDW Application, I would like to respectfully submit the following comments:</li> <li>2. In reference to Appendix C, under staff qualifications and training requirements, am I to understand correctly that staff are not required to complete training prior to working with the CSEDW population, but within one month of employment? If I am understanding this correctly, my comment would be to suggest that verification that staff have appropriately met all qualifications and training requirements be obtained not within one month of employment, but prior to working with the CSEDW population</li> <li>3. I would like to make note of workforce issues that WV as a whole has been experiencing. It is likely that there may be otherwise qualified individuals that do not meet the experience requirements, so perhaps there could be some sort of additional training that staff could complete in lieu of the years of experience.</li> <li>4. Under Job Development services, it is noted that the ISP is to be reviewed not less than annually. This contradicts other mentions within the application that the ISP is to be reviewed every 90 days.</li> <li>5. The frequency that the ISP must be reviewed is not mentioned under every service.</li> <li>6. Under Community Transition Services, "allowable expenses" section (g), it may read better to say "procure needed resources", rather than "procure need resources".</li> </ol>	<ol style="list-style-type: none"> <li>1. Thank you for your feedback.</li> <li>2. Thank you for your feedback.</li> <li>3. Thank you for your feedback.</li> <li>4. Thank you for your feedback. The application will be changed to remove reference to the ISP review.</li> <li>5. Thank you for your feedback. The application will be changed to remove reference of the ISP review under service descriptions.</li> <li>6. Thank you for your feedback. The application will be changed from "need" to "needed".</li> </ol>

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		7. Thank you for consideration of the above noted comments.	
13.	5/22/2019	<p>Please accept the following comments in response to the Children with Serious Emotional Disorder 1915(c) waiver draft.</p> <p><b>#1</b> If an organization provides case management services for the client, the waiver is precluding the organization from providing other services to that client. Does this provision limit freedom of choice for the client as they will not be able to choose their preferred provider organization? The potential for waiting lists could be greater due to limited amounts of providers in the state. There are already a number of statutes that protect against self-referral and similar abuse. Additionally, there are multiple layers of oversight via the MCO, for example.</p> <p><b>#2</b> A number of services require experienced bachelor level providers but impose hourly rates between \$21 and \$38.80; these are paraprofessional rates and incredibly challenging even at that wage level. They are unworkable for experienced degreed professionals. This is particularly concerning for the case management service, which is the primary driver for ensuring members are getting needed services. Additionally, case management services frequently are expressed as a daily or monthly case rate and not as a time-based procedure.</p>	<p>1. Thank you for your feedback. Please refer to the federal regulations regarding case management conflict of interest at 42 CFR 441.301(c)(1)(vi).</p> <p>2. Thank you for your feedback. The State uses 15-minute units for these rates in two other waivers and the services are comparable.</p>

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		<p><b>#3</b> The current Medicaid In-home therapy rate for a master level's staff is significantly higher than the proposed rate of \$78.71. What is the reasoning behind the expected decrease in reimbursement for this service? It would appear that the loss of productivity resulting from travel to member homes was not taken into account.</p> <p><b>#4</b> To have a managed care organization and ASO both involved in the review process seems to complicate the process. Why could the MCO not provide all aspects of oversight. In addition, with both the MCO and ASO involved, that increases the reviews for each organization providing services and thus increases overhead and operating costs for both the provider organization as well as the state.</p> <p><b>#5</b> If you are already an established Licensed Behavioral Health Facility and working with Medicaid and the MCOs is the expectation to redo the CON process or is the reference in the waiver only for new providers?</p> <p><b>#6</b> The CANS must be done within 7 days of date of intake - that is a short amount of time to gather adequate and thorough information to do an accurate CANS. Currently programs in WV that utilize the CANS have a requirement of completion of 30 days from date of intake.</p>	<p>3. Thank you for your feedback. The application will be updated to reflect a change from \$78.71 per 50-minute session up to 2 sessions/day to a maximum of 8 units/day at \$30.84 per 15-minute unit.</p> <p>4. Thank you for your feedback.</p> <p>5. If a Licensed Behavioral Health Center is concerned about its Certificate of Need, please contact the Healthcare Authority and/or Office of Health Facility Licensure and Certification.</p> <p>6. The Waiver application states that the Multidisciplinary Team meeting will be scheduled within seven days of assigning a slot to a new member. The application will be changed to reflect the</p>

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		<p><b>#7</b> The waiver states that a psychological evaluation would need to be completed prior to a referral to the program. Is there a particular reason that a psychological is required? It would appear that a diagnosis (given by a qualified staff that is able to diagnosis in their scope of practice) would suffice to meet the requirements of medical necessity. The potential for clients in crisis waiting for services until a psychological is completed could be an unnecessary delay.</p> <p>Please let me know if you have any questions or need further information related to the comments.</p>	<p>completion of the CANS instrument within 30 days of intake so that it is completed by the Individual Service Plan (ISP) development 30-day deadline.</p> <p>7. Thank you for your feedback.</p>
14.	5/23/2019	<p>I'm not sure where to begin with this emotional plea for continued assistance. My husband and I welcomed into our family our niece's children because she was unable to care for them. The oldest was removed at 6 weeks and placed with us at 10 months. [Redacted] "B", now 14, has emotional issues but is functional within a normal classroom. [Redacted] "G" however was not so lucky. [Redacted] "G" remained with his parents until the age of 15 months when he was placed into care. [Redacted] "G" was neglected, physically and mentally, as well as exposed daily to a volatile household. When he came into care he was just rolling over and sitting up (15 months). Through no fault of his own he was transitioned through 2 foster homes and then came to live with us from South Dakota shortly after turning 2 years old. Three placements in 9 months at a time when it is</p>	<p>Thank you for your feedback. This Waiver cannot cover services that are deemed among those that schools should provide, and instead focuses on other home- and community-based services and supports. These supports are designed to include skill development that will allow children to use such skills in whatever setting they participate.</p>

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		<p>imperative that a child find a place/attachment so he knows who he is. As a result our son has multiple issues. He has been diagnosed with ADHD, anxiety disorder, attachment disorder as well as some oppositional defiant tendencies. He is on medication and is in therapy.</p> <p>[Redacted] "G" is an amazing child and we love him unconditionally. He lights up a room when he walks in. He thrives on being the center of attention (which does not work well in a normal classroom). [Redacted] "G" does not do well with chaos or changes in his schedule. Those simple things can cause him to completely decompensate. He has somatic memory that causes more challenging issues at certain times of the year. He also has required special education for multiple learning issues. We completely struggled and were at our wits end in elementary school despite having an IEP and services. My son learned absolutely nothing in second grade except how to work the adults around him. The staff, although well meaning, had no idea whatsoever how to help my son. We were literally at our wits end. We actually pulled [Redacted] "G" out of school at the end of last year under the advisement of his child psychiatrist.</p> <p>Fast forward to this 3<sup>rd</sup> grade year. My son is in a classroom at [Redacted] Elementary School in [Redacted] County. This program called The Nest has saved [Redacted] "G"'s academic and emotional life....as well as ours. This haven for children like [Redacted] "G" is a small trauma-based</p>	



Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		<p>classroom that understands and is able to reach [Redacted] "G". It helps [Redacted] "G" be successful. I have watched my son's brain engage this year. I have watched him grow emotionally. The staff there is well educated on how to handle children with multiple academic and emotional issues. I cannot say enough about [Redacted], the principal and Dr. [Redacted] who has been instrumental in designing this arena. They have saved us and given us hope for [Redacted] "G"'s future.</p> <p>Our biggest concern moving forward is not only the continued services within [Redacted] Elementary but where do we go from here. [Redacted] "G"'s academic career does not end in grade school. Beyond [Redacted] there is nothing for him. Placing [Redacted] "G" in a BD classroom would be beyond detrimental for him. We would lose every bit of ground we have gained. How does that benefit not only [Redacted] "G" but the community that he will become a part of as an adult? It absolutely does not. The goal at the end of the day is a functional human being who can be integrated into the community. That cannot happen with the way our school system presently functions.</p> <p>I would also like to tell you that I am a NICU RN of 23 years. I have watched the face of the NICU population change to include Neonatal Abstinence infants as a significant portion of our census. These infant's and their family situations have inherent risks for everything emotionally that my son suffers.</p>	

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

Comment Number	Date Comment Received	Comment	Response
		<p>They are already here in our classrooms and their numbers are growing. We need to adequately address these children's needs so that at the end of the day we have successful individuals and thus a successful society. We cannot sweep these children under the rug and pretend that what we have in place now will meet their needs.</p> <p>I love my child. He is everything to me. I am begging you to help him be everything he can be, even if that means thinking out side of the box.</p>	
15.	5/23/19	<ol style="list-style-type: none"> <li>1. Will funding from this waiver be applied to strengthen treatment/therapeutic foster care services for youth in WV? If the goal is to divert youth from PRTF placement and residential treatment facilities both in and out of state, the treatment/therapeutic foster care system will need re-structured so that focused recruitment can occur for these youth, families can be reimbursed at a higher rate and more in alignment with how other states reimburse parents for serving high intensive youth, etc. Will this be the focus of WV?</li> <li>2. Will youth being served in Wrap Around be included in this waiver? Will the Wrap Around service (as it is provided now) be funded under this waiver?</li> <li>3. How will the Free Choice of Provider be implemented under this waiver?</li> </ol>	<ol style="list-style-type: none"> <li>1. Thank you for your feedback. That is not a focus of this waiver. The State's Bureau for Children and Families is working to bolster the therapeutic foster care program.</li> <li>2. If these youth are eligible, they can be served. This waiver will not be funding Wraparound as it is currently structured.</li> <li>3. Waiver members will be given a freedom of choice form to designate their providers and are</li> </ol>

Children with Serious Emotional Disorder 1915c Waiver Application  
Response to Public Comments June 14, 2019

<b>Comment Number</b>	<b>Date Comment Received</b>	<b>Comment</b>	<b>Response</b>
			able to change providers at any time.