

Frequently Asked Questions (FAQ) regarding the Pathway to Children's Mental Health Services, including West Virginia Wraparound

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Section 1. Background on the Pathway to Children's Mental Health Services and Wraparound Facilitation

The West Virginia Department of Health and Human Resources (DHHR) is actively working to reform mental and behavioral health services for children and youths up to age 21 with serious emotional disorder/disturbance (SED) or serious mental illness (SMI) and their families across West Virginia. DHHR continues to implement new processes and pathways to streamline access to mental and behavioral health services for children and families.

Part of this effort involves assigning a Wraparound Facilitator to each child and family to help them navigate the service system. The Wraparound Facilitator leads the Child and Family Team and supports the family in getting connected to the services that best meet the child and family needs for the child to remain in the home, or if the child is temporarily in residential services or other out-of-home placements, to return home as soon as possible. Wraparound Facilitation assists with getting children and families connected to the home- and community-based services (HCBS) to meet their needs, which may include screening and assessment, Assertive Community Treatment (ACT), Behavioral Support Services, Children's Mobile Crisis Response and Stabilization (CMCRS), Children with Serious Emotional Disorder (CSED) Waiver, Stabilization and Treatment (STAT) Home, family support and training, in-home therapy, and other outpatient services.

Section 2. Families and Youths Accessing the Children's Mental Health Services Pathway Directly

A. How can I get connected to the pathway directly?

Families and youths can access the pathway directly in two ways:

- i. **Call, chat, or text the 24/7 [Children's Crisis and Referral Line](#)** (844-435-7498), which also can link you with Mobile Crisis Response and Stabilization Services if needed; or
- ii. **Apply for the Children with Serious Emotional Disorder (CSED) Waiver.** The application form is [online](#), or you can request it by emailing wvcsew@kepro.com or calling (304) 343-9663, extension 4483 or 4418.

B. What can I expect next?

- i. If I called the Children's Crisis and Referral Line, I would talk with the Children's Crisis and Referral Line and Bureau for Behavioral Health (BBH) staff about my child's needs and receive assistance in completing the CSED Waiver application and linkages to community-based services and supports my child and family may receive in the interim.
- ii. If I applied for the CSED Waiver to Kepro, my child or youth will have a functional assessment (called CAFAS/PECFAS for short).
 - a. If the assessment score is 90 or more, the CSED Waiver application continues, and the Bureau for Behavioral Health (BBH) will connect me with interim Wraparound and other needed community-based services.
 - b. If the score is less than 90, or I am not financially eligible for the CSED Waiver, I may still receive Wraparound services in certain circumstances described in Section C. below.

- iii. More information about CSED services is in Section 5 below and the attached CSED Waiver brochure.
- C. **What if I am not eligible for CSED Waiver services?** DHHR recognizes that a child or youth may still need support, such as intensive Wraparound services, if he or she is not eligible for the CSED Waiver. Wraparound services may still be available in the following circumstances:
- i. **Financial Ineligibility for CSED Waiver.** Financial ineligibility may not be a barrier to CSED Waiver approval in the future, but it is presently. A child could still receive state-funded Wraparound services in the case of financial eligibility if the following circumstances exist:
- clinical need with a serious emotional disorder (SED) or serious mental illness (SMI) diagnosis;
 - at risk for out-of-home placement;
 - the SED or SMI is affecting the child in multiple areas of his or her life (e.g., in home, school, or community); and
 - the child is in parental custody or involved with BSS but without Medicaid (note: if a child has a 039 medical card, which is the foster and foster/adopt card, then they would be eligible for CSEDW if they meet medical necessity for the program).
- ii. **Clinical Ineligibility for CSED Waiver.** The Bureaus recognize that some children may appropriate for high-fidelity Wraparound even if they do not meet clinical eligibility for CSED Waiver in the following circumstances:
- Significant mental health needs; and
 - At risk of out-of-home placement; and
 - CAFAS score of 80; or
 - 70 or below with current BSS involvement; or
 - Co-existing or co-occurring disorders that do not otherwise meet the criteria or eligibility for a secondary waiver such as Intellectual Developmental Disabilities Waiver (IDDW) or Traumatic Brain Injury Waiver (TBIW).
- D. **How can I provide feedback on my experiences with the Children’s Mental Health Services Pathway?**
- Sharing your experiences can help improve the pathway. Some ways you can give feedback include the following:
- If involved with BSS, talk with the assigned BSS case worker.
 - If involved with a court case, talk with the attorney, guardian *ad litem*, or multidisciplinary team (MDT)
 - Contact the [Foster Care Ombudsman](#) at 304-558-1117
 - Participate in surveys or focus groups regarding Wraparound
 - Join a family advisory group, such as these:
 - [Statewide Family Advisory Board for System of Care](#). Contact Roxanne Chaney at Roxanne.K.Chaney@wv.gov or 304-356-4805
 - **The Quality Improvement Advisory (QIA) Council of the CSED Waiver**. Contact Sarah Jorgensen at SJorgensen@kepro.com or 304-549-6887
 - **WV Foster, Adoptive & Kinship Parents Network**. Contact 304-807-9535 or visit <https://wvfosterparents.org/>

Section 3. Who provides Wraparound services?

West Virginia continues to grow its Wraparound Facilitation workforce through multiple licensed behavioral health agencies throughout the state. Interim Wraparound services in the Children’s Mental Health Pathway are provided by a pool of providers who have agreements with the Bureau for

Behavioral Health or Bureau for Social Services and who are also approved CSED Waiver providers, which allows for a smoother transition once the CSED Waiver application is approved. The Bureau for Behavioral Health assigns Wraparound Facilitators for interim services based on proximity to the family and caseload capacity. All Wraparound Facilitators are receiving training through Marshall University Behavioral Health Workforce and Health Equity Training Center (<https://wvbhtraining.org/wraparound-mobile-response/>) and will soon be using the same Wraparound Plan of Care.

Section 4. Screening and Referral of Youths and Families by Others to the Children’s Mental Health Services Pathway

Caseworkers, providers, and others working with youths and families can help connect them with the Children’s Mental Health Services Pathway. While the Pathway continues to evolve, the latest draft diagram is attached to this document. Examples of who can help connect families to the pathway include the following:

- A. **Bureau for Social Services (BSS) caseworkers.** BSS caseworkers may use the FAST (Family Advocacy and Support Tool) or Child Protective Services (CPS) Ongoing Assessment to screen children and youths for mental health needs and make [applications](#) to the CSED Waiver through Kepro. BSS staff can check with supervisors, refer to BSS policy, and see Section 5 below on the CSED Waiver for more information.
- B. **Primary Care Physicians (PCPs).** PCPs can call or send a JotForm to the Children’s Crisis and Referral Line (844-435-7498). PCPs who do not have the JotForm link can contact Ann Hammond at the Children’s Crisis and Referral Line or ahammond@firstchoiceservices.org.
- C. **Mobile Crisis Response and Stabilization Providers.** Mobile Crisis Response and Stabilization providers have received training on how to refer families to the Assessment Pathway Intake mailbox.
- D. **Schools, behavioral health providers, and others working with youths and families.** Anyone can call the Children’s Crisis and Referral Line (844-435-7498).
- E. **Courts and Probation Officers.** More details on this are coming soon.

5. Understanding the Children with Serious Mental Disorder (CSED) Waiver

In addition to the CSED Waiver brochure attached to this document, the Bureau for Medical Services (BMS) has drafted answers to frequently asked questions:

1. **Can I apply for CSED Waiver services while I am on the Intellectual Developmental Disabilities Waiver (IDDW) waitlist?**
Yes. However, you cannot be on both waivers at the same time. Although youth with co-occurring diagnoses are eligible, they must be able to cognitively benefit from the CSED Waiver services.
2. **What can be used as proof of WV Residency?**
You can use a valid driver’s license, utility bill, Medicaid card, vehicle registration, valid passport or anything else that either requires your driver’s license verification, social security card, or birth certificate. If you just moved, this requires permission from the program director and is on a case-by-case basis.

Note: BSS caseworkers are NOT required to provide proof of residency for individuals who are in state’s custody.

3. **My child is not in residential treatment, out-of-state treatment, or foster care. Can I still apply for this waiver on behalf of my child?**

Yes.

4. I just had a psychological report completed; can I just use that report for eligibility?

No. The clinician must be an approved evaluator by the MECA (Medical Eligibility Contracted Agent), and there are specific tools or tests required for the CSED Waiver. It will be beneficial to provide the independent evaluator a copy of the recently completed psychological as well as any other pertinent medical records.

5. Can I keep the same therapist if I get this waiver?

BMS and Aetna have developed a process for children who already have an established therapist prior to obtaining CSED eligibility to receive therapy through the Medicaid State Plan when the existing therapist is not an enrolled CSED Waiver provider. When an established therapeutic relationship is identified the child's team will work with the Aetna care manager and complete a Co-ordination of Care Agreement. The form will indicate the agency chosen to provide all the other CSED Waiver services and the primary caregiver want to pursue this option and that In-Home Family Therapy will not be billed for that child under the CSEDW program. Wrap Facilitation must remain independent and will continue to follow regular provider selection policies/procedures.

6. Can I receive Safe at Home Wraparound services while on this waiver?

No. Once a youth is awarded the CSED Waiver, Wraparound services will be funded through the CSED Waiver, rather than the Safe at Home grant. However, it is possible for the same Wraparound provider to continue with the family if the provider is an approved CSED Waiver provider.

7. How long does the CSED Waiver last?

Eligibility must be re-established annually. However, this Waiver is not for long-term services. The length of services is based upon the individual child's needs with an expected average of 6-9 months.

8. How do I apply for Licensed Behavioral Health Center (LBHC) designation?

Contact the West Virginia Health Care Authority at <https://hca.wv.gov> or 304-558-7000 to obtain information about becoming a Licensed Behavioral Health Center (LBHC). The Office of Health Facility Licensure and Certification (OHFLAC) will then need to be contacted to certify the program. Contact OHFLAC at <https://ohflac.wvdhhr.org> or 304-558-0050.

9. What happens if my child is placed out of home or currently in a residential facility when applying for CSED Waiver?

Individuals who are deemed eligible for the CSEDW program have up to 180 days to access services on the program from the date of eligibility determination. These 180 days can assist BSS with finding placement for children/youth approved for the CSEDW program who are currently in either in-state or out-of-state placement. If services are not accessed within 180 days, the child/youth will be discharged from the CSEDW program. However, they can re-apply at any time.

10. Are personal options available for CSEDW? Is using PPL an option?

Not currently.

11. Is there a specific list of diagnoses that are eligible for the CSED Waiver?

No, there is not a set of specific SED diagnoses for this waiver.

12. How long does it take to go through the CSED application process?

The goal is less than 45 days from referral to determination. The Bureau for Behavioral Health may link families with interim services during this time.

13. How do I appeal an eligibility decision?

If a member is determined not to be medically eligible, then the member or parent/legal representative will receive a written decision. A Request for a 2nd Medical Examination and a Request for Hearing form that includes free legal resources, and the result of the reassessment is included. This notice is also sent to the member's case manager and Aetna Better Health. The termination may be appealed through the Medicaid Fair Hearing process if the Request for Hearing form is submitted to the Board of Review within 90 calendar days of receipt of the Notice of Decision. A 2nd medical Evaluation can be requested within 14 days of the date of the Denial letter.

14. If an existing member is determined to no longer meet criteria for the program, can they re-apply?

Yes.

15. Where do you get an application for the CSED Waiver?

The initial form is located on BMS (Bureau for Medical Services) [website](#) and KEPRO's [website](#). You may also contact KEPRO at 1-844-304-7107 or wvcsedw@kepro.com.

16. Does a psychiatrist or physician have to sign the CSED Waiver Person-Centered Service Plan?

No, they do not have to sign the CSED Waiver Plan of Care (POC). However, please refer to the LBHC licensing regulations if you are only doing one POC and it includes medication being prescribed by your agency: <http://ohflac.wvdhhr.org/laws>.

17. Will Special Medical Cards from the BSS pay for CSED services?

No. The applicant must have regular Medicaid coverage for these services.

18. There are no independent providers listed in my area; the closest one is over an hour away. How can I get my child evaluated? OR The provider in my area can't evaluate my child within the 14-day timeline, now what?

Please contact Psychological Consultation and Assessment ([PC&A](#)) to assist you to find a provider in their network at 304-776-7230.

19. When Kepro asks for documents regarding assessments, what are they asking for?

This is a general guideline for requested documents for annual re-evaluations and initial out-of-state applicants (this is a general list; not all inclusive, nor all required for every assessment – what is relevant for the past 30-90 days if applicable?):

- Incident reports
- Most recent CANS
- Psychological evaluations (or those completed since initial IPE)
- Progress reports (Facility, school, etc.)
- Plan of Care
- IEP
- Behavior Plan or Positive Behavior Support Plan
- Behavior logs
- Psychosexual assessments

20. Can providers bill for the Plan of Care meeting?

Only the Wrap Facilitator can bill.

21. What are the credentials to be a therapist employed by a CSED provider?

Master's level, non-licensed clinicians may provide CSED Waiver services while receiving clinical supervision as is required for LBHCs effective December 1, 2021.

22. When and where do incidents have to be reported to Aetna?

Critical incidents are to be reported to Aetna within 24 hours of being made aware that the incident has occurred. Non-critical incidents are to be reported within 5 days of being made aware that the incident has occurred. Incidents should be reported to Aetna via the Incident Management Reporting Form. Providers are to submit the form to the Aetna Care Manager assigned to the case via email. Please be sure to copy Kayla Sustakoski (SustakoskiK@aetna.com), Sarah Spitler (SpitlerS@aetna.com), and Jennifer Eva (EvaJ@aetna.com) upon submission. This will ensure the report is submitted to BMS timely if one of the above-mentioned parties is off when submitted. Incidents can also be reported to Aetna by calling: 1-959-299-6206. Please be advised, you are responsible for submitting the completed Incident Management Reporting Form to Aetna in addition to reporting via the phone number above.

23. Who completes and bills for CANS (Child and Adolescent Needs and Strengths) Assessment?

The CANS assessment is completed by the Wraparound Facilitator (WF) according to timelines delineated in Chapter 502. The CANS is only completed by KEPRO at the annual re-evaluation of the member to determine that CSEDW can continue into next service year. All other CANS will be completed and billed by WF.

24. For Wraparound Facilitators (WFs), seeing clients weekly is decided between the team/progress status, right? If we were to continue to see our clients monthly or bi-weekly, would this need to be a whole addendum added to the plan of care? Or just documented in a note that the team agrees?

Correct, the decision for the WF to see the child/family on a monthly or bi-weekly basis would be contingent on how the child is progressing and would require team approval. As such, the decision to see the individual less than weekly would need to be identified in the Plan of Care (POC) and documented on the WV-BMS-CSED-07: Service Log and Progress Note.

It is also important to note that teams use clinical judgement regarding how frequently the WF needs to conduct the home visit. Although children who are established on the program coming into July 1st may not require weekly visits, it is expected that children who are newly approved for the program will be seen weekly until they become established and require less intense supports.

25. I was looking at the new version of Chapter 502 and the Staff Qualifications section. Some of the trainings required are obvious, but some are confusing. Like what is the difference between Infectious Disease Control/Infection Control and Universal Precautions? They are listed separately, but in my mind, they are the same. Can you please clarify? Also, in the Chapter 502 document there is a link embedded to access approved trainings including Direct Care Ethics, First Aid, CPR training resources. However, when you click on the link to access the page, there is nothing.

Although there can be overlap between the Infection Disease Control and Universal Precautions training content, the Universal Precautions training focuses on preventative measures where the Infection Control training focuses on what to do if a situation occurs requiring the need for to contain the infection.

BMS is in the process of updating the CSEDW website. Until the website is updated, additional information or clarification can be accessed via the BMS IDD Waiver website:

<https://dhr.wv.gov/bms/Programs/WaiverPrograms/IDDW/Pages/Trainings-.aspx>

26. Will we use the WV-BMS-CSED 03: Home Visit Form or the WV-BMS-CSED-07: Service Log and Progress not to document the Informal Plan of Care (POC) review that we will do monthly?

As indicated above, BMS is currently reviewing all forms for update related to the July 1st amendment. Until the updated forms are made available, please use the WV-BMS-CSED-03: Home Visit Form to document the informal review of the POC.

27. A Functional Behavior Assessment is the foundation procedure for applied behavior analysis therapy. It is a gathering of information from record reviews, interviews, and direct observations to identify environmental variables contributing to socially inappropriate behaviors in a child. This information is then used to identify the function of the behaviors. This is a process that must occur before the Child and Family Team (CFT) can assist in writing the treatment plan. With the new wraparound model, can we bill for this process?

This is not billable and is considered an administrative function per CMS.

28. Chapter 502.18.1 states the following: "The CFT consists of the member and/or parent/legal representative, the member's wraparound facilitator, representatives of each professional discipline, provider, and/or program providing services to that member (inter- and intra- agency), the MCO care coordinator (if requested), and anyone not listed who the member chooses to participate."

Example: Agency A provides In-Home Family Therapy and In-Home Family Support; Agency B provides Out-of-Home Respite. Agency A's In-Home Family Therapist attends the meeting, but Agency A's In-Home Family Support Worker does not. Can the CFT elect to proceed without the In-Home Family Support Worker, since a representative of Agency A is present, and would that meeting be considered valid?

Yes, if the In-Home Family Support Worker for Agency A has sent a written report to be presented and discussed at the meeting.

Another Example: All providers from Agency A are present for a CFT Meeting but no representative from Agency B is present - can the CFT elect to proceed without a representative from Agency B present (and without an approved CSED-12, exempting Agency B's presence, already in place)?

In general, no, as all team members should have adequate notification of the meeting and should plan for attendance or find another agency representative to participate. In an emergency that cannot be avoided and the staff from Agency B is unable to attend by phone, the meeting can proceed with a written report from the staff of Agency B to be presented and discussed during the meeting.

29. Chapter 502 states that the staff member providing Respite services to a member is "indirectly supervised" by the In-Home Family Therapist. How does this work when Respite services are being provided by Agency A and In-Home Therapy/Support Services are being provided by Agency B?

The In-Home Family Therapist from Agency B would train the Respite provider from Agency A on any member specific needs pertinent to the respite service (if the team determines training is necessary) as usual and monitor the incident reports, follow up with progress

around team meetings, member reports during home visits, etc. They should be in contact with the staff providing services regardless of which agency is providing the service.

30. With regard to the Mobile Response service, Chapter 502 specifically states "...the agency providing the in-home family therapy will implement and oversee all mobile response activities; including primary point of contact for the service, on-call coverage, staff training and credentialing, referral, and data reporting". There are some instances where the Mobile Response service has been authorized to be provided by Agency A to a member, while that member is concurrently receiving In-Home Family Therapy from Agency B. Are current authorizations, under the above-mentioned circumstances, valid?

Yes, current authorizations are valid in this circumstance.

31. There are an additional 12 trainings with new requirements to repeat annually and have competency requirements. Where can any of them be obtained?

There is a list of approved CPR/FA trainings on the BMS website, however, it is the responsibility of each agency to develop or obtain trainings to meet the requirements.

Link to the approved the CPR/FA vendors:

<http://dhhr.wv.gov/bms/Programs/WaiverPrograms/IDDW/Pages/Member-LR-Information.aspx>

32. When a child is on-hold, does that child count against a Wraparound Facilitator's caseload cap of 15 members?

No, the member on hold is not receiving services until the hold has ended. Once the hold has ended, the member will count toward the WF caseload cap.

33. Are any services provided to new CSED members by Wraparound Facilitators billable prior to the completion of the Initial 7-Day Child-Family Team Meeting?

No, this meeting must be completed before any CSEDW services may be initiated and billed. **Per section 502.18.2.1 of Chapter 502:** This meeting must be held prior to the initiation and billing of any CSEDW services included in the plan.

34. Are Independent living/skill building staff indirectly supervised by the in-home therapist? Does this mean that they implement therapy goals with the participants? If the independent living/skill building staff are not supervised by the in-home therapist, who develops the therapy goals they work on?

Yes, this service is indirectly supported by the in-home therapist.

35. Per section 502.22.2 of Chapter 502: The mentor works with the in-home therapist to explore a youth's interests and abilities and creates activities that build various life skills and result in linkages to community activities. What are examples?

These services will include coaching, supporting, and training the youth in age-appropriate behaviors, interpersonal communication, conflict resolution and problem solving, and are provided in community settings (such as libraries, stores, parks, city pools, etc.).

Independent living/skills building can be related to activities of daily living, such as personal hygiene, household chores, volunteering, household management, money management/budgeting, and socialization, if these skills are affected by the waiver member's SED. Services provided in this category will be in response to a specific goal(s) in the member's POC provided under the direction of the in-home therapist and will not duplicate any other services provided to the member.

36. Do parents need to sign the CSED training documentation form?

Technically this is not a requirement, but if the team feels that the parent requires additional training to meet the needs and goals outlined in the Plan of Care (POC), then the team may choose to do so.

37. Can you clarify your decision on substitutions or coverage when a colleague takes a vacation? Other therapists are assigned to be available to answer parent and staff questions, as well as attend any meetings scheduled. However, it is near impossible in a work week to cover someone else's caseload and your own sessions.

If the staff will be out for a week, the provider is responsible for having coverage for questions that may arise from the youth/legal guardian/caretaker and not necessarily responsible for coverage of CSEDW services for the week the staff is out. However, if the staff will be out for an extended period of 2 weeks or more, the agency is responsible for ensuring service provision continues during the extended period. Extended leave is often known in advance and arrangements should be made in advance so the youth/legal guardian/caretaker and team know who to call and who will be providing services during the leave.

38. Is there a cancellation policy for CSED? We continue to have high rates of cancellation from some families. This is not a no contact. It's a called cancellation into the therapist or staff.

There is no current CSED Waiver policy regarding cancellation. However, during the CFT meetings, the expectations and responsibilities of the family, and the team members should be discussed to ensure everyone is aware of the expectation of all participants. If agencies experience cancellations, please document the dates and times of cancellation and if there is a recognizable pattern, please contact the assigned Aetna CM for guidance related to discharge initiation.

39. What is the policy if family cancels regularly on in-home therapist but not the staff assigned? If they cancel therapy, are staff services that fall under the therapist canceled as well?

In the event of a one-time cancellation, staff services should not be cancelled. However, if multiple consecutive cancellations occur to the extent that current goals and objectives are outdated, these services should be placed on hold until the therapist is able to complete sessions with the member and family.

40. As a CSED wraparound facilitator, how many times do I need to meet with my wraparound facilitation clients each month? Should we meet with them "in-person" at all? How many times virtually and/or by phone?

WFs are instructed to meet in person at least weekly with the member and his/her caregiver in the home where the member resides to verify services are delivered in a safe environment, in accordance with the POC and appropriately documented. The purpose of these visits is to determine progress of the person receiving services and resources, assess achievement of training objectives, identification of unmet needs and to provide for the appropriate supports as necessary. The WF should also be informally reviewing the POC with the member and caregiver during this visit to ensure there are no changes or updates required. If there are, the WF can call the team together for a formal review and update of the POC.

As of November 5, 2021, BMS is no longer requiring COVID-19 liability forms for providers to go into the homes for service provision, so services should be conducted in the home at this time as much as is possible. However, if there are individuals who are not comfortable with in-home service delivery, visits can be conducted via telehealth under Appendix K. Documentation of these visits should be captured via the WV-BMS-CSED-03: HV Form or the

WV-BMS-CSED-03: HV Form Updated Due to COVID-19 Response if conducted via telehealth under Appendix K.

If you are unable to conduct your weekly visit, you can request an exception to the weekly home visit requirement via the WV-BMS-CSED-12 Request to continue services form. Submission should be sent to the assigned Aetna CM, Kayla Sustakoski and Sarah Spitler for approval consideration. Upon approval, Aetna will provide the requestor with the approved form. Bear in mind, requests for the exception should not become the norm and should only be used for extenuating circumstances.

41. One of our issues relates to parents requesting evening sessions due to school. So, when we hire therapists and try to schedule them, we have a bottleneck from 4 to 6 pm, but have them with no billable time for much of the day. If, in certain cases, we could arrange services at school, this would help us provide more services as the therapists could do CSED exclusively versus having to fill their time with other work.

CMS does not allow for CSEDW services to be conducted in the school environment. Per federal guidelines services should be paid for via the school system to ensure that child is successful within that environment. BMS is in the process of looking into this to see if there is any leeway.

Although BMS understands this creates an issue for service provision by significantly decreasing the child's availability for service provision during the weekday, agencies should make every effort to review schedules and make adjustments where necessary to ensure service delivery is consistent based on the POC. Parents/caregivers also have the option to take the child out of school as they would for any other appointment.

42. Can we get a sequence of training for the Wraparound Facilitator required trainings? All the emails coming in from Marshall are causing a little confusion. For example: CANS training through PRAED Institute; 301 and 305 Conflict Free Case Management, then WRAP orientation; WRAP/CANS technical; and Wrap Check-ins.

Per Chapter 502 (Section 502.19 and 502.2.0) the WF must have the following trainings:

- CANS Certification
- Providing Wraparound Services in Alignment with the National Wraparound Initiative's principles Training
- Conflict-Free Wraparound Facilitation Training (DHHR 301 and DHHR 305)
- First Aid/CPR Certification
- Crisis Intervention and Restraints
- Suspected Abuse and Neglect
- Member Rights
- Crisis Planning
- Emergency and Disaster Preparedness
- Infectious Disease/Infection Control
- Person-Centered/Person-Specific Needs
- Trauma-Informed Care
- Cultural Competency

If trainings are deemed mandatory, Marshall University or BMS will notify providers of the mandatory training. Marshall will do this when they send the training announcement thru the listserv as the verbiage in the training announcement will indicate it is a required or mandatory training. BMS will do this by instructing Aetna to notify providers of mandatory trainings. To keep-up with NWI trainings offered thru Marshall University, please visit the training [website](https://lp.constantcontactpages.com/su/kPjRWzu/traininginformation) and sign-up for the listserv by accessing:

<https://lp.constantcontactpages.com/su/kPjRWzu/traininginformation>.

Section 5. Other questions of Wraparound providers

The Bureau for Behavioral Health (BBH), Bureau for Medical Services (BMS), and Bureau for Social Services (BSS) have regular check-ins with WV Wraparound providers to answer their questions. In addition to the information above, Wraparound providers have asked these questions:

A. Is it the intent that Wraparound services under the CSED Waiver will include elements typically part of NWI Wraparound, such as the four phases of wraparound, the wraparound plan, crisis plan, family teams, community/natural supports, etc.?

Yes. All Wraparound providers, whether providing interim or CSED Waiver Wraparound services will receive the same training through the WV Behavioral Health Workforce and Health Equity Training Center at Marshall University, in collaboration with the University of Maryland, on the National Wraparound Initiative (NWI) model and use the same Wraparound Plan of Care (POC). Read more about training and sign up for the listserv to receive training updates at <https://wvbhtraining.org/wraparound-mobile-response/>.

B. What is the process for Wraparound providers to receive referrals from the Children's Mental Health Pathway?

Bureau for Behavioral Health (BBH) staff will assign each child or youth to a provider to initiate "interim" Wraparound services, while their application for the CSED Waiver is simultaneously taking place. BBH staff will match the youth's county of residence to Wraparound providers/facilitators serving that same county. The model will evolve and improve over time and could eventually include a method for families choosing their wraparound facilitator, which could improve long-term continuity. BBH will send referrals for interim Wraparound services directly to provider agencies with a Wraparound Referral Cover Sheet; the referrals will not go through the CANS database at this time. BBH will work with the agencies for designated contacts to receive the Wraparound Referral Cover Sheets and referrals.

Wraparound services may still be provided if a child or youth is ineligible for the CSED Waiver under the circumstances described in Section 1-C above.

Note: If the youth is already receiving wraparound through a program such as Safe at Home WV, the wraparound facilitator will continue to serve the youth uninterrupted, whenever possible, while the CSED Waiver application is being processed.

C. Will WV Wraparound services include flex funding?

As the state works toward WV Wraparound, funding for interim Wraparound case assignments may come from multiple funding sources until a child or youth is approved for the CSED Waiver. Flex funding parameters will be contingent upon the funding source, which will be identified when an agency receives a referral.

D. How will billing BBH or BSS work if the child and family are CSEDW client but it's a necessary service (like attending an IEP or doing a family story/identifying initial needs for the family if they are received at the agency already enrolled in CSEDW)?

If the individual has been approved for CSED Waiver the service is not a covered expense on CSED Waiver, not billable under the state plan and/or is not billable under any other services then it can be billed to BBH or BSS flex funds if it meets meaningful contact standards. Example if you call a family to check in and you are on the phone with them 5 minutes to check in: (How are you doing? Is everything still going, okay?) and this is all you do that is not meaningful contact.

E. Does the above mean that flex funds can be accessed for CSEDW if all other resources are exhausted?

Yes. See answer above. Must first access CSED Waiver, State Plan or any other billable service and if those are exhausted or unavailable then you may access flex funding.

F. Will BMS consider changing the CSED Waiver method of payment?

Yes. Stakeholder engagement for the renewal of the CSED waiver application has started with internal DHHR bureaus. Soon the external stakeholder engagement sessions will begin and if anyone is interested in being a part of the meetings contact Rachel Goff (rachel.a.goff@wv.gov). This renewal application will be sent to CMS at the end of 2022.

G. Is there still a separate process for applying for Children's Mental Health Wraparound services?

No. In creating WV Wraparound and a streamlined Children's Mental Health Services Pathway, families can get connected with Wraparound services when a child or youth has SED or SMI as described in Section 2 above. The old Wraparound referrals mailbox is discontinued. Agencies with Children's Mental Health Wraparound grants through BBH will provide interim Wraparound services and Wraparound services when a child or youth is not eligible for the CSED Waiver as described in Section 2-C above.

H. Providers have had several questions about workforce capacity, including in certain regions.

Updates will be shared at each Wraparound provider check-in. This is evolving, as more providers become approved CSED Waiver providers. The Bureaus appreciate all Wraparound providers working together to serve children and families across the state.

I. Should we be sharing information about the Children's Mental Health Pathway in our communities?

Yes. Please let families and stakeholders know how they can access services as described in Sections 2 and 4 above, respectively. Pathway presentations will take place at the next Child Welfare Collaborative meeting and CSED Waiver QIA meeting. Any written materials developed by the Bureaus will be shared. For example, the CSED Waiver brochure is attached to this document.

J. What is the Wraparound Facilitator's role in CSED Waiver?

The Wraparound Facilitator's Role in CSED is the same as all other Wraparound Programs because it is a Wraparound Program.

K. What if some families are requesting only monthly visitation because they are asked the same questions by the WF as they Aetna Care Manager?

If certain families only want monthly services they may not need the intensity of CSED and could utilize other HCBS. The meetings are set up per CMS application.

L. Please clarify the team roles for CSED

The team roles have not changed.

M. Can Aetna send notice to provider agencies when a families is discharged?

Currently Aetna sends notice upon approval. We can start a discussion about this to see if this is a possibility however at this time they will only be sending those notices at approval. If this changes we will notify once change or addition has been added and approved.

WV CSED Waiver Frequently Asked Questions Updated 4/20/22

1. Can I apply for CSEDW services while I am on the IDD Waiver waitlist?

Yes. However, you cannot be on both Waivers at the same time. Although youth with co-occurring diagnoses are eligible, they must be able to cognitively benefit from the CSED Waiver services.

2. Can the Medical Card be used as proof of WV Residency? Yes.

3. My child is not in residential treatment or in out of state treatment. Can I still apply for this waiver on behalf of my child?

Yes.

4. I just had a psychological report completed; can I just use that report for eligibility?

No. The clinician must be an approved evaluator by the MECA (Medical Eligibility Contracted Agent) and there are specific tools and/or tests required for the CSED Waiver. It will be beneficial to provide the independent evaluator a copy of the recently completed psychological as well as any other pertinent medical records.

5. How do I apply for LBHC designation?

Contact the West Virginia Health Care Authority at <https://hca.wv.gov> or 304-5587000 to obtain information about becoming a Licensed Behavioral Health Center (LBHC). The Office of Health Facility Licensure and Certification (OHFLAC) will then need to be contacted to certify the program. Contact OHFLAC at <https://ohflac.wvdhhr.org> or 304-558-0050.

6. Can I keep the same therapist if I get this waiver?

BMS and Aetna have developed a process for children who already have an established therapist prior to obtaining CSED eligibility to receive therapy through the Medicaid State Plan when the existing therapist is not an enrolled CSED Waiver provider. When an established therapeutic relationship is identified the

child's team will work with the Aetna care manager and complete a Co-ordination of Care Agreement. The form will indicate the agency chosen to provide all the other CSED Waiver services and the primary caregiver want to pursue this option and that In-Home Family Therapy will not be billed for that child under the CSEDW program. Wrap Facilitation must remain independent and will continue to follow regular provider selection policies/procedures.

7. Can I receive Safe at Home Services while on this waiver?

No. Once a youth is awarded a waiver slot, their Safe at Home services must stop.

Does my child need to be in foster care to apply for this waiver?

No.

9. How long does the CSED Waiver last?

Eligibility must be re-established annually. However, this Waiver is not for long term services. The length of the stay is based upon the individual child's needs with an expected average of 6-9 months.

10. What happens if my child is placed/currently in a residential facility when applying for CSED Waiver?

Individuals who are deemed eligible for the CSEDW program have up to 180 days to access services on the program from the date of eligibility determination. These 180 days can assist BSS with finding placement for children/youth approved for the CSEDW program who are currently in either in-state or out-of-state placement. If services are not accessed within 180 days, the child/youth will be discharged from the CSEDW program. However, they can re-apply at any time.

11. Are personal options available for CSEDW? Is using PPL an option? Not currently.

12. Is there a specific list of diagnoses that are eligible for the CSED Waiver? No, there is not a set of specific SED diagnoses for this waiver.

13. How long does it take to go through the referral process? The goal is less than 45 days from referral to determination.

14. How do I appeal an eligibility decision?

If a member is determined not to be medically eligible, then the member or parent/legal representative will receive a written decision. A Request for a 2nd Medical Examination and a Request for Hearing form that includes free legal resources, and the result of the reassessment is included. This notice is also sent to the member's case manager and Aetna Better Health. The termination may be appealed through the Medicaid Fair Hearing process if the Request for Hearing form is submitted to the Board of Review within 90 calendar days of receipt of the Notice of Decision. A 2nd medical Evaluation can be requested within 14 days of the date of the Denial letter.

15. If an existing member is determined to no longer meet criteria for the program, can they re-apply?

Yes.

16. Where do you get an application for the CSED Waiver?

The initial form is located on BMS (Bureau for Medical Services) and KEPRO's web site. You may also contact KEPRO at 1-844-304-7107 or wvcsedw@kepro.com.

17. Does a psychiatrist/physician have to sign the CSED Waiver Person-Centered Service Plan?

No, they do not have to sign the CSED Waiver Plan of Care (POC). However, please refer to the LBHC licensing regulations if you are only doing one POC and it includes medication being prescribed by your agency. <http://ohflac.wvdhhr.org/laws>

18. Will Special Medical Cards from the BSS pay for CSED services? No. The applicant must have regular Medicaid coverage for these services.

19. What can be used as proof of residency? Can you process the application without it since I just moved?

You can use a valid driver's license, utility bill, Medicaid card, vehicle registration, Valid passport or anything else that either requires your driver's license verification, Social Security card or birth certificate. If you just moved, this requires permission from the program director and is on a case-by-case basis.

WV DHHR Case workers are NOT required to provide proof of residency for individuals that are in state's custody.

20. There are no independent providers listed in my area, the closest one is over an hour away! How can I get my child evaluated? OR The provider in my area can't evaluate my child within the 14-day timeline, now what?

Please contact PC&A to assist you to find a provider in their network at 304.776.7230.

21. When Kepro asks for documents regarding assessments, what are they asking for?

This is a general guideline for requested documents for annual re-evaluations and initial out-of-state applicants (this is a general list; not all inclusive, nor all required for every assessment – what is relevant for the past 30-90 days if applicable?):

- Incident reports
- Most recent CANS
- Psychological evaluations (or those completed since initial IPE)
- Progress reports (Facility, school, etc.)
- Plan of Care
- IEP
- Behavior Plan or Positive Behavior Support Plan
- Behavior logs

- Psychosexual assessments

22. Can provider's bill for the plan of care meeting?

Only the Wrap Facilitator can bill.

23. What are the credentials to be a therapist employed by a CSED provider?

Master's level non-licensed clinicians may provide CSEDW services while receiving clinical supervision as is required for Licensed Behavioral Health Centers effective December 1, 2021.

24. When and where do incidents have to be reported to Aetna?

Critical Incidents are to be reported to Aetna within 24 hours of being made aware that the incident has occurred. Non-Critical Incidents are to be reported within 5 days of being made aware that the incident has occurred. Incidents should be reported to Aetna via the Incident Management Reporting Form. Providers are to submit the form to the Aetna Care Manager assigned to the case via email. Please be sure to copy Kayla Sustakoski (SustakoskiK@aetna.com), Sarah Spitler (SpitlerS@aetna.com) and Jennifer Eva (EvaJ@aetna.com) upon submission. This will ensure the report is submitted to BMS timely if one of the above-mentioned parties is off when submitted. Incidents can also be reported to Aetna by calling: 1-959-299-6206. Please be advised, you are responsible for submitting the completed Incident Management Reporting Form to Aetna in addition to reporting via the phone number above.

25. Who completes and bills for CANS?

CANS is completed by the Wraparound Facilitator according to timelines delineated in Chapter 502. The CANS is only completed by KEPRO at the annual re-evaluation of the member to determine that CSEDW can continue into next service year. All other CANS will be completed and billed by WF.

26. For Wraparound Facilitators (WFs), seeing clients weekly is decided between the team/progress status, right? So, if we were to continue to see our clients monthly or bi-weekly, would this need to be a whole addendum added to the plan of care? Or just documented in a note that the team agrees?

Correct, the decision for the WF to see the child/family on a monthly or bi-weekly basis would be contingent on how the child is progressing and would require team approval. As such, the decision to see the individual less than weekly would

need to be identified in the Plan of Care (POC) and documented on the WV-BMS-CSED-07: Service Log and Progress Note.

It is also important to note that teams would use clinical judgement regarding how frequently the WF would need to conduct the Home Visit. Although children who are established on the program coming into July 1st may not require weekly visits, it is expected that children who are newly approved for the program will be seen weekly until they become established and require less intense supports.

27. I was looking at the new version of Chapter 502 and the Staff Qualifications section. Some of the trainings required are obvious, but some are confusing. Like what is the difference between Infectious Disease Control/Infection Control and Universal Precautions? They are listed separately, but in my mind, they are the same. Can you please clarify? Also, in the Chapter 502 document there is a link embedded to access approved trainings including Direct Care Ethics, First Aid, CPR training resources. However, when you click on the link to access the page, there is nothing.

Although there can be overlap between the Infection Disease Control and Universal Precautions training content, the Universal Precautions training focuses on preventative measures where the Infection Control training focuses on what to do if a situation occurs requiring the need for to contain the infection.

BMS is in the process of updating the CSEDW website. Until the website is updated, additional information or clarification can be accessed via the BMS IDD Waiver website: <https://dhhr.wv.gov/bms/Programs/WaiverPrograms/IDDW/Pages/Trainings.aspx>

27. Will we use the WV-BMS-CSED 03: Home Visit Form or the WV-BMS-CSED-07: Service Log and Progress not to document the Informal Plan of Care (POC) review that we will do monthly?

As indicated above, BMS is currently reviewing all forms for update related to the July 1st amendment. Until the updated forms are made available, please use the WV-BMS-CSED-03: Home Visit Form to document the informal review of the POC.

28. A Functional Behavior Assessment is the foundation procedure for applied behavior analysis therapy. It is a gathering of information from record reviews, interviews, and direct observations to identify environmental variables contributing to socially inappropriate behaviors in a child. This information is then used to identify the function of the behaviors. This is a process that must occur before the Child and Family Team (CFT) can assist in writing the treatment plan. With the new wraparound model, can we bill for this process?

This is not billable and is considered an administrative function per CMS.

29. Chapter 502.18.1 states the following: "The CFT consists of the member and/or parent/legal representative, the member's wraparound facilitator, representatives of each professional discipline, provider, and/or program providing services to that member (inter- and intra- agency), the MCO care coordinator (if requested), and anyone not listed who the member chooses to participate".

Example: Agency A provides In-Home Family Therapy and In-Home Family Support; Agency B provides Out-of-Home Respite. Agency A's In-Home Family Therapist attends the meeting, but Agency A's In-Home Family Support Worker does not. Can the CFT elect to proceed without the In-Home Family Support Worker, since a representative of Agency A is present, and would that meeting be considered valid?

Yes, if the In-Home Family Support Worker for Agency A has sent a written report to be presented and discussed at the meeting.

Another Example: All providers from Agency A are present for a CFT Meeting but no representative from Agency B is present - can the CFT elect to proceed without a representative from Agency B present (and without an approved CSED-12, exempting Agency B's presence, already in place)?

In general no, as all team members should have adequate notification of the meeting and should plan for attendance or find another agency representative to participate. In an emergency that cannot be avoided and the staff from Agency B is unable to attend by phone, the meeting can proceed with a written report from the staff of Agency B to be presented and discussed during the meeting.

30. Chapter 502 states that the staff member providing Respite services to a member is "indirectly supervised" by the In-Home Family Therapist. How does this work when Respite services are being provided by Agency A and In-Home Therapy/Support Services are being provided by Agency B?

The In-Home Family Therapist from Agency B would train the Respite provider from Agency A on any member specific needs pertinent to the respite service (if the team determines training is necessary) as usual and monitor the incident reports, follow up with progress around team meetings, member reports during home visits, etc. They should be in contact with the staff providing services regardless of which agency is providing the service.

31. With regard the Mobile Response service, Chapter 502 specifically states "...the agency providing the in-home family therapy will implement and oversee all mobile response activities; including primary point of contact for the service, on-call coverage, staff training and credentialing, referral, and data reporting". There are some instances where the Mobile Response service has been authorized to be provided by Agency A to a member, while that member is concurrently receiving In-Home Family Therapy from Agency B. Are current authorizations, under the above-mentioned circumstances, valid?

Yes, current authorizations are valid in this circumstance.

32. There are an additional 12 trainings with new requirements to repeat annually and have competency requirements. Where can any of them be obtained?

There is a list of approved CPR/FA trainings on the BMS website, however, it is the responsibility of each agency to develop or obtain trainings to meet the requirements.

Link to the approved the CPR/FA vendors:

<http://dhhr.wv.gov/bms/Programs/WaiverPrograms/IDDW/Pages/Member-LR-Information.aspx>

33. When a child is on-hold, does that child count against a Wraparound Facilitator's caseload cap of 15 members?

No, the member on hold is not receiving services until the hold has ended. Once the hold has ended, the member will count toward the WF caseload cap.

34. Are any services provided to new CSED members by Wraparound Facilitators billable prior to the completion of the Initial 7-Day Child-Family Team Meeting?

No, this meeting must be completed before any CSEDW services may be initiated and billed. **Per section 502.18.2.1 of Chapter 502:** This meeting must be held prior to the initiation and billing of any CSEDW services included in the plan.

35. Are Independent living/skill building staff indirectly supervised by the in-home therapist? Does this mean that they implement therapy goals with the participants? If the independent living/skill building staff are not supervised by the in-home therapist, who develops the therapy goals they work on?

Yes, this service is indirectly supported by the in-home therapist.

36. Per section 502.22.2 of Chapter 502: The mentor works with the in-home therapist to explore a youth's interests and abilities and creates activities that build various life skills and result in linkages to community activities. What are examples?

These services will include coaching, supporting, and training the youth in age-appropriate behaviors, interpersonal communication, conflict resolution and problem solving, and are provided in community settings (such as libraries, stores, parks, city pools, etc.). Independent living/skills building can be related to activities of daily living, such as personal hygiene, household chores, volunteering, household management, money management/budgeting, and socialization, if these skills are affected by the waiver member's SED. Services provided in this category will be in response to a specific goal(s) in the member's POC provided under the direction of the in-home therapist and will not duplicate any other services provided to the member.

37. Do parents need to sign the CSED training documentation form?

Technically this is not a requirement but if the team feels that the parent requires additional training to meet the needs and goals outlined in the POC, then the team may choose to do so.

38. Can you clarify your decision on substitutions or coverage when a colleague takes a vacation? Other therapists are assigned to be available to answer parent and staff questions, as well as attend any meetings scheduled. However, it is near impossible in a work week to cover someone else's caseload and your own sessions.

If the staff will be out for a week, the provider is responsible for having coverage for questions that may arise from the youth/legal guardian/caretaker and not necessarily responsible for coverage of CSEDW services for the week the staff is out. However, if the staff will be out for an extended period of 2 weeks or more, the agency is responsible for ensuring service provision continues during the extended period. Extended leave is often known in advance and arrangements should be made in advance so the youth/legal guardian/caretaker and team know who to call and who will be providing services during the leave.

39. Is there a cancellation policy for CSED? We continue to have high rates of cancellation from some families. This is not a no contact. It's a called cancellation into the therapist or staff.

There is no current CSEDW policy regarding cancellation. However, during the CFT meetings, the expectations and responsibilities of the family, and the team members should be discussed to ensure everyone is aware of the expectation of all participants. If agencies experience cancellations, please document the dates and times of cancellation and if there is a recognizable pattern, please contact the assigned Aetna CM for guidance related to discharge initiation.

40. What is the policy if family cancels regularly on in-home therapist but not the staff assigned? If they cancel therapy, are staff services that fall under the therapist canceled as well?

In the event of a one-time cancellation, staff services should not be cancelled. However, if multiple consecutive cancellations occur to the extent that current goals and objectives are outdated, these services should be placed on hold until the therapist is able to complete sessions with the member and family.

41. As a CSED wraparound facilitator, how many times do I need to meet with my wraparound facilitation clients each month? Should we meet with them “in-person” at all? How many times virtually and/or by phone?

WFs are instructed to meet in person at least weekly with the member and his/her caregiver in the home where the member resides to verify services are delivered in a safe environment, in accordance with the POC and appropriately documented. The purpose of these visits is to determine progress of the person receiving services and resources, assess achievement of training objectives, identification of unmet needs and to provide for the appropriate supports as necessary. The WF should also be informally reviewing the POC with the member and caregiver during this visit to ensure there are no changes or updates required. If there are, the WF can call the team together for a formal review and update of the POC.

As of November 5, 2021, BMS, is no longer requiring COVID-19 liability forms for providers to go into the homes for service provision, so services should be conducted in the home at this time as much as is possible. However, if there are individuals who are not comfortable with in-home service delivery, visits can be conducted via telehealth under Appendix K. Documentation of these visits should be captured via the WV-BMS-CSED-03: HV Form or the WV-BMS-CSED-03: HV Form Updated Due to COVID-19 Response if conducted via telehealth under Appendix K.

If you are unable to conduct your weekly visit, you can request an exception to the weekly home visit requirement via the WV-BMS-CSED-12 Request to continue services form. Submission should be sent to the assigned Aetna

CM, Kayla Sustakoski and Sarah Spitler for approval consideration. Upon approval, Aetna will provide the requestor with the approved form. Bear in mind, requests for the exception should not become the norm and should only be used for extenuating circumstances.

42. One of our issues relates to parents requesting evening sessions due to school. So, when we hire therapists and try to schedule them, we have a bottleneck from 4 to 6 pm, but have them with no billable time for much of the day. If, in certain cases, we could arrange services at school, this would help us provide more services as the therapists could do CSED exclusively versus having to fill their time with other work.

CMS does not allow for CSEDW services to be conducted in the school environment. Per federal guidelines services should be paid for via the school system to ensure that child is successful within that environment. BMS is in the process of looking into this to see if there is any leeway.

Although BMS understands this creates an issue for service provision by significantly decreasing the child's availability for service provision during the weekday, agencies should make every effort to review schedules and make adjustments where necessary to ensure service delivery is consistent based on the POC. Parents/caregivers also have the option to take the child out of school as they would for any other appointment.

43. Can we get a sequence of training for the Wraparound Facilitator required trainings? All the emails coming in from Marshall are causing a little confusion. For example: CANS training through PRAED Institute; 301 and 305 Conflict Free Case Management, then WRAP orientation; WRAP/CANS technical; and Wrap Check-ins.

Per Chapter 502 (Section 502.19 and 502.2.0) the WF must have the following trainings:

- CANS Certification
- Providing Wraparound Services in Alignment with the National Wraparound Initiative's principles Training
- Conflict-Free Wraparound Facilitation Training (DHHR 301 and DHHR 305)
- First Aid/CPR Certification
- Crisis Intervention and Restraints
- Suspected Abuse and Neglect
- Member Rights
- Crisis Planning
- Emergency and Disaster Preparedness
- Infectious Disease/Infection Control
- Person-Centered/Person-Specific Needs
- Trauma-Informed Care
- Cultural Competency

If trainings are deemed mandatory, Marshall University and/or BMS will notify providers of the mandatory training. Marshall will do this when they send the training announcement thru the listserv as the verbiage in the training announcement will indicate it is a required or mandatory training. BMS will do this by instructing Aetna to

notify providers of mandatory trainings. To keep-up with NWI trainings offered thru Marshall University, please sign-up for the listserv by accessing:
<https://lp.constantcontactpages.com/su/kPjRWzu/traininginformation>.

44. Will families keep the same providers/facilitators when they transition from SAH to CSED Waiver?

Keeping the same service provider and wrap facilitator may be possible because both programs use the same wraparound model. However, the decisions will be made on an individual case basis in order to best meet the child's needs. Every effort will be made to maintain a smooth transition from a SAH program to the waiver program.

45. Will service provider agencies be penalized during retro-review if the member's POC has not been provided by the wraparound facilitation agency?

The wraparound facilitator must forward copies of the POC to all participating CFT members and the MCO Care Manager within 14 days of the meeting. If the wraparound facilitation agency does not submit the POC to the MCO Care Manager and CFT members, the service delivery agency will not be financially penalized upon retro-review.

46. Are all staff required to use Electronic Visit Verification?

Wraparound Facilitators, in-home respite, and independent living/skill building staff are required to utilize EVV.

EVV will verify:

- Type of service performed;
- Individual receiving the service;
- Date of the service;
- Location of service delivery;
- Individual providing the service; and
- Time the service begins and ends.

These staff will be required to obtain an individual NPI number in order to utilize the EVV system. The application for an NPI number is available here <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10114.pdf>

47. If I am receiving interim wrap around services from a Bureau for Behavioral Health provider, do I have to apply for/receive the CSED Waiver?

Yes. You must complete the application process. If determined eligible for CSED Waiver, you must transition to the Waiver program.

