Comments for Chapter 502, Children with Serious Emotional Disorder (CSED) Waiver
Effective Date: March 1, 2020

Comment Number	Date Received	Comment	Response
1.	11/8/19	Citing 502.18 Person-Centered Service Plan (PCSP Requirements), "Team members are invited to attend and often do not have a professional relationship with the member (e.g. coworkers, community members, etc.). Meetings typically do not occur at a provider office, rather the member's home or private community setting. These meetings are meant to be interactive and can involve non-traditional means of visualizing goals and the various steps to achieve them . . ." Additionally, citing the same section, "This initial PSP must consist of the following at a minimum: The signature of the member and/or/parent/legal representative, case manager, physician, and other persons participating in the development of the initial plan, each person's credentials, and start/stop times." I recommend Chapter 502 be updated to provide written clarification regarding participation in initial PCSP, the Seven Day PCSPT Meeting (502.18.2.1), the Thirty Day PCSPT Meeting (502.18.2.2), the Transfer/Discharge PCSPT Meeting (502.18.2.3), and the Significant Life Event PCSPT Meeting (502.18.2.4), to specifically authorize participation of team members by telephone or video conferencing. Leveraging the appropriate use of technology enables flexibility to ensure regular input and participation by important and valued team members for whom in-person availability, or transportation, may otherwise be barriers. Similarly, I recommend that the documentation requirements associated with the PCSP and the meeting associated with PCSPT, provide for the attainment of signatures, dates, titles, and credentials with some time or method accommodation for the needs of persons participating by telephone or videoconferencing technologies. My recommendation aligns with today's regular and real challenges by professionals as well as community members, family members, coworkers, etc., to attending in-person meetings. As a former field social worker in child welfare, I witnessed these prohibitive issues occur constantly with professionals, clients, families, and community members, even with home-based, community-based, and alternatively scheduled (weekend, evening) programs. The CSEDW clearly intends to provide a transformational, innovative means by which to serve the individualized needs of youth and families, and intends for such programming to be inclusive, accessible, and serve the best interests of the enrollees. These goals are significantly enhanced by the full participation of the team. Full participation is not diminished, and can in fact be enhanced, by leveraging appropriate technology. I ask that barriers to participation be recognized and affirmatively addressed to ensure meaningful participation as well as assurance of program requirements met. In endorsing this recommendation, I cite Chapter 49, Child Welfare, of the West Virginia Code, relating to multidisciplinary treatment planning and MDT meetings, and the use of technology to participate. These meetings, too, are important toward the best interests of children and youth.	Section 502.18.2 PCSP Development will be revised to include language regarding services provided via telehealth (i.e. videoconferencing) including service plan development.

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		§ 49-4-403 Multidisciplinary treatment planning process; coordination; access to information. (2) Any person authorized by the provisions of this chapter to convene a multidisciplinary team meeting may seek and receive an order of the circuit court setting such meeting and directing attendance. Members of the multidisciplinary team may participate in team meetings by telephone or video conferencing. This subsection does not prevent the respective agencies from designating a person other than the case manager as a facilitator for treatment team meetings. Written notice shall be provided to all team members of the availability to participate by videoconferencing.	
2.	11/12/19	1. If services are provided during time of day medications are given, how would this be accomplished? Glossary mentions AMAPs but manual doesn't. Manual also doesn't mention RN services, which would be required if AMAPs. Could you clarify? 2. Relative to Mobile Crisis services, manual indicates that "a Physician, Psychologist or Supervised Psychologist must review all incidents requiring this service within 72 hours and provide a note." Is this a service they can bill for directly or would agency be expected to contract/provide even though no billing code is listed?	1. The Glossary definition for Approved Medication Assistive Personnel (AMAP) will be revised to include the following: The CSEDW does not include reimbursement for medication administration. CSEDW Providers must coordinate waiver service delivery with approved medication management providers and/or the legal guardian to ensure medication administration requirements are met. If a CSEDW Provider is utilizing an Approved Medication Assistive Personnel (AMAP) for medication administration the CSEDW Provider must be credentialed and adhere to the existing OHFLAC policy for the service. 2. The individual's In-Home Family Therapist may also provide the 72-hour follow-up service. Providers who offer services outside the scope of the waiver must utilize eligible state plan services for reimbursement. Section 502.21 Crisis Services: Mobile Response will be revised to reflect this.
3.	11/13/19	While I understand the need to get these children out of residential treatment and into homes; schools are not equipped to take on these students without notice and adequate support, neither of which are provided by your agency. Please consider an upfront communication plan with schools you will returning these students to as well as making resources available during the school day to assist with their needs.	The CSEDW 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

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			children to use such skills in whatever setting they participate.
4.	11/15/19	The "Children with Serious Emotional Disorder Waiver" reform policy (CSEDW) from what I see in the proposal of the policy will be a implementation of good faith on behalf of children youth in West Virginia and beyond as the children eventually age out it will be a social culturally diversified reformation all across America. A child under this waiver diagnosed with Serious Emotional Disorder, will be given opportunity and access to appropriate immediate services directed and specifically designed tailored to rehabilitate the Serious Emotional Disorder. While still being involved in society home productively learning life-skills while receiving the benefits under the (CSEDW) these children/youth will understand the aspects of humanity, self-worth, confidence and avoid scrutiny, criticism, low-self-esteem also further emotional damage or infliction of emotional distress, detachment issues, the possibility of unnecessary and avoidable agitated drummed up diagnosis psychiatric infliction from being put in such places like PRTFs. As the youth/children are innocent and need the same opportunities as the child living in the white picket fenced home with advantages other children have given their parents economic or social status. Under the (CSEDW) proposal every child will have an opportunity to be as successful and productive in society as the youth/children whom grow up with advantages other children/ youth may lack. The Children with Serious Emotional Disorder Waiver reform has the potential to prevent psychiatric diagnosis such as schizophrenia, personality disorders, separation anxiety, lack of trust in the justice system or rehabilitating services and ultimately the professionals rendering those services. I propose my opinion based on experience and being a victim of a broken home because a policy such as Children with Serious Emotional Disorder Waiver being nonexistent or thought of. Now West Virginia is recognizing and proposing a reform for the children / youth of now our future generation which to me is and what seems to be in the best interest of the youth. Child welfare generally speaking involves teamwork, consisting of individuals with good faith and the true interest of what is best for the children which of course will prepare our children to be a positive productive citizen without any disorders aging out. From what I understand the CSEDW is much needed to prevent drug addictions, opioid/medication dependency, and decrease liabilities on the part of authoritative positions making such demands and actions as to taking children out of homes unnecessarily or taking a child away from parent or parents unnecessarily. But also understanding the complexity for the child or home life depending on the circumstances the parent’s willingness to cooperate or inability to be a safety net or cooperate with services. Every situation will vary. And the child/youth’s safety is paramount because eventually a child grows, and children/ youth need to understand that they are cared for not only by the parent or parents but by the system in place designed to assist and protect the children and their families.	Thank you for your feedback.

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		My daughter is XXXX and I understand my child will benefit from the Children with Serious Emotional Disorder Waiver reform policy. Home and Community based services as I stated above it takes teamwork compiling of individuals acting in good faith with understanding whole heartedly the progress, prospering aspect as our young children who unfortunately may be inflicted with Serious Emotional Disturbances will and can get better healthier. Understanding emotions which can be a result of environmental conditions, negative influences, and without true care or the love of like none other than moms love. In certain situations, a mother like myself is very grateful for such a proposal by the State of West Virginia. Exhibiting true good faith and the best interest of our little ones, the future generation of doctors, nurses, police officers, whatever career choice these children may eventually choice given the ample opportunities under (CSEDW) Reform preventing our youth from destruction. Now West Virginia has recognized and acknowledged the significance of Emotional Infliction. And that it is a disorder that can be rehabilitated in a positive and humane manner. So, I thank and commend DHHR for this implementation of such policy being proposed herein.	
5.	11/22/19	[1] Waiver rates are very concerning. The IDD waiver rates were recently raised. Although the increases of the IDD waiver rates are more in alignment with neighboring states, the minimum wage threshold in neighboring states is lower than in WV. This is going to place huge fiscal burden on providers to have the ability to provide this service. [2] The design of the CSED waiver is going back to a "fee for service" model, which we learned through the Socially Necessary implementation did not work. This type of funding does not allow licensed/behavior health providers with the flexibility needed to provide services and supports to children/youth and families - especially those with some of the highest need. For the same reasons that providers could not fiscally manage providing SN services, there is great concern they will not be able to survive providing services under this type of funding structure. [3] It has been indicated by DHHR leadership that those providing SAH/Wrap Around will be expected to provide CSED services under the waiver and costs should in some way be absorbed for those under the CSED waiver by those receiving Wrap Around. This is not viable or sustainable for providers- especially considering changes/funding cuts that are occurring with SAH/WA. The rate is not only being cut, but reimbursement will no longer be a daily rate; therefore, there is not a way to guarantee costs can be "absorbed" from one funding source to cover another. This is not an acceptable way to create an implementation plan fiscally. This places extreme risk on providers to be able to provide these services in a fiscally sound manner. [4] There are concerns that the state is working out an agreement with the Department of Justice, targeting reduction of residential treatment, transitioning into an MCO model, transitioning to a CSED waiver with very low rates and an unstable funding model of reimbursement that was not effective in the past, transitioning to Family First- and we are talking about cutting community-based funding and creating hardships on providers right from the start of transitions. This is	1. BMS is taking rates into consideration. 2. BMS will contract with a Managed Care Organization (MCO) to implement the waiver. All participants must be enrolled with this MCO to receive CSEDW services; no fee-for-service option is available for the waiver. 3. Interested providers must enroll with BMS and the identified MCO to offer CSEDW services; there are no mandates for organizations to become CSEDW providers. BMS' CSEDW Program Manager is available to assist organizations that are interested in becoming a CSEDW provider. 4. The CSEDW services are made available through Medicaid funding via CMS approval of WV's 1915(c) Home and Community Based Services Waiver for CSED; no

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		creating great distress on providers who have been very successful in providing SAH/WA and achieving positive outcomes and diverting hundreds of youth from OOH care. [5] It is the hope that the state will have serious dialogue with providers and Associations before moving forward. Waiver rates must be examined and raised and the method of reimbursement must be evaluated (fee for service)- as we know this has not proven to be successful in the past. Reconsideration for the major change in SAH/WA reimbursement should be reconsidered in lieu of all of these changes targeted at once. WV must consider our workforce crisis/issues and note providers must be able to recruit/retain quality staff to provide quality services to our vulnerable youth. We will not survive continued cuts with increased costs. We are willing to partner to provide quality community-based programs/services in order to support youth remaining in community when at all possible; however, we must be able to fiscally provide these programs/services to support best practice standards, positive outcomes and remain fiscally stable. [6] Also, to note, the Department of Labor is mandating all(professional) employees of Exempt status must meet the threshold of $35,568.00 effective January 1, 2020. This will affect professional treatment staff in provider programs and is asked to be of consideration.	funding for other programming was cut to provide for these services. 5. BMS is taking rates into consideration. 6. BMS is taking rates into consideration.
6.	11/30/19	Long overdue and thrilled to see the positive changes! I have read over the PDF of public comments thus far. My comment: I understand that Emotional/ Behavior Waiver services are not to be crossed into school services. However, please consider refraining from use of any language the prohibits the schools from working collaboratively with Waiver staff. For the most behaviorally challenged children, teams who work together are in their best interest. It would be wrong to prohibit Waiver from schools same as prohibiting a teacher from making a home visit. Collaboration is imperative. WVDRS figured this out a few years ago and the results have been astounding!	Collaboration with the entire child-serving system is central to the CSEDW, this includes a child's school. However, the CSEDW 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.