

Comments for Chapter: 502 Children with Serious Emotional Disorders Waiver (CSEDW)

Effective Date: 7/1/2021

<u>Number</u>	<u>Date Received</u>	<u>Comment</u>	<u>Status Result</u>
1	7/2/21	Regarding the ability to provide In-Home Family Therapy via Telehealth. As we are all aware, WV continues to contend with a workforce issue regarding therapists. The ability to provide In-Home Family Therapy through Telehealth on a broader basis through the Pandemic has demonstrated that this is an extremely effective way to meet individual participant needs without delaying a needed service. When an agency is dealing with vacant therapy positions the much needed service can be provided by a therapist in another area. This not only allows for timely services but also prevents disruptions to those services. Our hope is that this continues to be widely allowed as West Virginia continues to focus on workforce development.	No Change. Chapter 502 under 502.25.2 states that justification for telehealth must be provided within the service note. The policy does not rule out utilizing telehealth, only that a provider must provide justification as to why the in-home therapy is not occurring within the home.
2	7/23/21	In working with these CSED members over the last year, it has become apparent that there are some constraints on helping the member and family with community needs. Under the 10 principles of the wrap around process, number 5 is community based. This states; "The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible and least restrictive settings possible; and that safely promote child and family integration into home and community life". Many of these kids utilizing CSEDW services are under DHHR custody and have spent much time in PRTF or residential facilities. These children and families need help getting adjusted to living in a community setting within a family. With respite not being available through CSED for these kids, we are unable to get them out into the community setting. I have had several kids under the age of	No change. The Independent Living/Skills Building services worker and the In-Home Family Support worker are allowed to take members out into the community to take a walk and discuss the member's goals. There is nothing in Chapter 502 that prohibits CSEDW services from being delivered in a community setting.

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		<p>15 that would benefit from being able to have their therapist or supportive therapist take them for a walk in the park while they discuss and work on therapy goals. These kids do not know how to behave or handle community settings and would benefit from such opportunities.</p>	<p>The In-Home Therapist should include goals to assist the member in being able to function appropriately in the community. The In-Home Family Support worker could then help the member to work on those goals.</p> <p>Respite is available to children in foster care settings but is offered through Title IV-E and is approved through BCF.</p>
<p align="center">3</p>	<p align="center">7/23/21</p>	<p>Under 502.18 POC Requirements: Pg. 30</p> <ul style="list-style-type: none"> A date for development of a master POC. The designated date must be appropriate for the planned length of service but at no time will that exceed 30 calendar days from the date of the signing of the initial plan. <p>Just below this bullet in the next paragraph it reads, The master POC is developed within 30 calendar days of receiving the referral and must include:</p> <p>Need clarification on the date to develop the master plan. The first line states 30 calendar days from the signing of the initial plan and the second line states 30 calendar days from the referral.</p>	<p>Change.</p> <p>The Master POC is developed within 30 days of the enrollment, unless the initial plan includes everything needed in the master plan.</p> <p>BMS has clarified this in the policy.</p>

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4	7/23/21	<p>Under 502.18.2 POC Development: Pg. 31</p> <p>Last sentence of first paragraph; If a member of the team does not attend, the team decides whether to proceed in their absence. If the team elects to proceed, documentation must describe the circumstances.</p> <p>Pg. 32 First sentence under bullet section; If the waiver member and/or parent/legal representative is unable to attend the scheduled service planning meeting, the MCO may grant an exception to allow the meeting to proceed at the scheduled time without their participation.</p> <p>Since the member and the legal representative are part of the CFT; can the team decide to proceed without them or does the CFT have to have the exception from the MCO? Will CSED-12 forms be filled out by the wrap around facilitator for above situations?</p>	<p>Change.</p> <p>BMS has removed the language referenced regarding the team proceeding without all team members.</p> <p>An exception to allow the member or legal representative to miss the CFT must be granted by the MCO as described in the policy.</p> <p>BMS has updated the policy to clarify this.</p>
5	7/23/21	<p>Section 502.18.2.1 Seven-Day CFT Meeting Pg. 33</p> <p>Last 2 sentences of paragraph; CFT members, including the member, legal rep., wraparound facilitator, and all CSED service providers are required to attend the and sign the POC for all CFT meetings. Exceptions for participation may be granted for waiver members or the legal guardian/rep. by the MCO, if necessary.</p> <p>Same question as above. Is the MCO only responsible for granting exceptions related to the member and legal representative? Will CSED-12 need filled out by wrap around facilitator?</p> <p>Thank you for your time and consideration of these issues/questions.</p>	<p>Change.</p> <p>An exception to allow the member or legal representative to miss the CFT must be granted by the MCO as described in the policy.</p> <p>BMS has added the definitions of formal and informal Plan of Care meetings to the glossary in Chapter 502 in order to clarify situations where all CFT members must attend the Plan of Care meeting.</p>

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6	7/26/21	<p>Thank you for the opportunity to allow us to provide feedback on the manual. We appreciate the continued partnership and communication.</p> <ol style="list-style-type: none"> 1. 502.3.3/502.9: Do all the required training needs to be documented on a CSED-06 Certification of Training? If so, this would be redundant for agencies who already keep track of these trainings as part of our HR Management software. 	<p>Change.</p> <p>Agencies can have their own training forms or systems, but they must include all information required by the CSED-06. This information must be available for review upon request of BMS or its designee.</p> <p>BMS has added this clarification to the policy.</p>
7	7/26/21	<ol style="list-style-type: none"> 2. 502.15: Wraparound Facilitator agencies should be reimbursed for the coordination and participation in the annual reassessment/redetermination meetings, as well as gathering all updates from each provider to present during this meeting. From past re-determination meetings, it has taken staff hours to compile their reports and the redetermination meetings have lasted up to three hours. This type of reimbursement will allow us to continue to offer competitive wages, employ competent staff, and provide these services for years to come. 	<p>Change.</p> <p>Wraparound facilitators may bill for care coordination and preparation of the plan of care.</p> <p>BMS has clarified this in the policy.</p>
8	7/26/21	<ol style="list-style-type: none"> 3. 502.17: Transfer-to agencies are currently not able to bill for their participation in transfer/discharge meetings. It takes a lot of time to coordinate these meetings, participate in these meetings, and request needed documentation from each agency. This all is documented as a non-billable service. (What is our ask here? Are we respectfully asking that we get reimbursed for this?) 	<p>No Change.</p> <p>Only one wraparound facilitator can provide services to the same member at the same time. Because the current wraparound facilitator is still assigned to the member during a transfer meeting, the current wraparound</p>

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			<p>facilitator is able to bill. Once the transfer is effectuated, the new wraparound facilitator will be able to bill for provision of wraparound facilitation services.</p>
9	7/26/21	<p>4. 502.18: “ The initial POC describes the services and/or supports the member is to receive until the assessment process is complete and the master POC is developed.” With wraparound facilitators completing the CANS assessment— what further assessments can be billed? Casey Life Skills, parenting assessments, etc? Due to therapist not being able to bill any additional assessment, this description may only want to say “CANS.”</p>	<p>No Change.</p> <p>These assessments are components of Socially Necessary Services and are not medical services that can be billed under CSEDW.</p> <p>If the family is not involved with BCF, the wraparound facilitator can discuss the need for these services with the in-home therapist.</p>
10	7/26/21	<p>5. 502.18.2.4: Any holds and/or when a child is admitted to the hospital creates a lot of work for the wraparound facilitator agencies not to be reimbursed. The coordination of and attending significant life event CFT meetings, facilitating transitions, and all the communications with team members is just part of the work being done that we are not being reimbursed for. (What is our ask here? Are we respectfully asking that we get reimbursed for this?)</p>	<p>No change.</p> <p>Medicaid does not allow payment for home and community-based services (HCBS) when a member is receiving institutional services.</p>
11	7/26/21	<p>6. 502.19.1: “ The wraparound facilitator must have evidence of written 25-mile radius..” We are proposing that instead of this,</p>	<p>No change.</p>

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12	7/26/21	7. 502.20.1: Due to the current status of the workforce, the wraparound facilitators without two years post college experience could receive additional oversight, training, and mentoring so that agencies can hire and have staff available to provide this service. We respectfully ask that the group consider removing the two years post college language and replace with language that will include agencies providing appropriate training.	No change. This definition is included in the approved CMS waiver amendment. BMS does not have latitude to make this change.
13	7/26/21	8. 502.25.1: Will there be an exception made for provisionally licensed counselors and supervised master’s leveled social workers to provide therapy? This exception will allow for reduction of burnout in our staff who have to serve CSED cases only due to licensure requirements, while also allowing our other staff to have increased experience toward licensure.	No change. This definition is included in the approved CMS waiver amendment. BMS does not have latitude to make this change.
14	7/26/21	9. 502.28: “BMS will not pay for the following services:... telephone consultations and time spent in preparation of reports Can you further clarify what this includes. Telephone consultations with who regarding what? Also, what reports is this referring to?”	No change. Telephone consultations between providers related to provision of care to CSEDW members are not billable by CSEDW providers, except for the wraparound facilitators.

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			<p>Reports, as mentioned in this section, mean documentation of the provision of services.</p> <p>BMS has clarified in the policy.</p>
15	7/27/21	<ul style="list-style-type: none"> Providers in the past have had great difficulty providing quality services from a “fee for service” model of care. This is the same funding structure leading to the vast reduction of community-based services in the past. (Socially Necessary Model) It is very difficult to hire and maintain staffing from this reimbursement structure. If this type of funding structure is going to be the future of WV building community-based services, supports and programming; this is of great concern. 	<p>No change.</p> <p>BMS must meet federal requirements in order to fund medical services in the Medicaid program, and the current reimbursement structure is included in the approved waiver.</p>
16	7/27/21	<ul style="list-style-type: none"> The way in which we have been able to fund SAH Wrap Around and Children’s Wrap Around has been a successful model. If we begin to disrupt this method of service delivery and the funding/reimbursement structure in place to support the quality of services/outcomes; it is fearful WV will be back in a place of more youth coming into higher levels of care. 	<p>No change.</p> <p>The Department of Justice and the DHHR have come to an agreement, which includes the requirement for the State to develop a CSED waiver, to serve children who are at risk of institutional placement. DHHR has worked with experts in the field to design a program modeled after successful programs in other states.</p>

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17	7/27/21	<ul style="list-style-type: none"> Families at high risk are already under a great deal of stress. Research shows that relationship development and consistency is key in building trust leading to positive, long-term impactful outcomes and the building of resiliency. Dr. Bruce Perry (expert on trauma) states the single most important link to long-term success for high risk youth/families is to establish their relational health. In this model, having too many providers in the home of families will not facilitate relationship building, trust building and consistency. Families are already complaining about too many providers, too many meetings, and being overwhelmed with multiple systems. In the SAH/Children’s Wrap models; providers are able to provide BOTH the facilitation role AND the service provision role, which leads to consistency, positive relationship and trust building w youth/families. Disrupting this model and funding structure supporting it is a huge risk to the outcomes we are achieving. Further, if this occurs in Treatment/Therapeutic Foster Care and in Foster Home settings, we will risk losing foster care families, which we can’t afford. 	<p>No change.</p> <p>The CSEDW was designed to serve children with the highest need for intensive behavioral health services. Other programs serving children and families are intended to provide support and linkage and do not provide the intensive level of support available to children served through the CSEDW.</p> <p>For the CSEDW, the providers and services delivered are driven by the child’s clinical needs and so, frequency of contact is based on meeting those needs.</p>
18	7/27/21	<ul style="list-style-type: none"> It is fearful that we are going back to the same ways of funding models of care that have not been successful in the past. Having strong community-based programs and services and a strong foster care/treatment foster care continuum is vital to our state and those that need these resources. Providers want to provide top quality programs, want to serve youth/families in communities but must be fiscally supported to do so providing quality, long-term, impact. 	<p>No change.</p> <p>BMS encourages any qualified provider to enroll as a CSEDW provider.</p> <p>There is support available to providers to meet BMS’ requirements.</p>

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19	7/28/21	<p>#1: The three other Wavier Programs in WV (IDDW, TBI, and Aged/Disabled Waiver), in addition to the Safe at Home and Children's Wraparound programs, all reimburse their Case Managers/Wraparound Facilitators on a "Per Member, Per Month" rate. Why is it that the CSED Waiver Program still uses 15-minute billable units for Case Management/Wraparound Facilitation?</p>	<p>No change.</p> <p>BMS understands this concern and is planning to make this change in the near future. This change will require a waiver amendment.</p>
20		<p>#2: I understand that this has been clarified during biweekly CSED Policy Calls, but can Chapter 502 codify the exact differences between an "informal" and "formal" review of the Plan of Care? Specifically, which team members need to attend certain reviews and how each type of review should be properly documented?</p>	<p>Change.</p> <p>BMS has added the definitions of formal and informal Plan of Care meetings to the glossary in Chapter 502 in order to clarify situations where all CFT members must attend the Plan of Care meeting.</p>
21	7/28/21	<p>As a person who was in foster care including therapeutic specialized such as AYC/KVC and as in residential facilities such as Barboursville school and New Homes Midlands, who might have qualified if such waiver or services were available when I was younger, I want to provide public comment.</p> <p>I am somewhat lost in acronyms, scope, all the pages of policy. It is hard to know or figure what comments to make.</p> <p>It seems that there are a lot of meetings, evaluations, and assessments. Being part of the Child and family team (CFT) or natural support seems like a time intensive commitment.</p>	<p>No change.</p> <p>BMS strongly values waiver members' participation in their CFT meetings. For this reason, there is a process in the policy manual, for situations where a waiver member or caregiver to request an exception if they are unable to attend the meeting.</p>

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		<p>I think I liked the previous language of person-centered planning team better than Child and family team. The waiver and some services are for individuals 15-21. Person-centered planning team is more inclusive than Child and family team.</p> <p>I appreciate the exception and documentation requirements. I am somewhat concerned that with exception is possible to allow the meeting to proceed at scheduled time without waiver members participation.</p> <p>I guess the revisions are acceptable.</p>	<p>Regardless of the name of the team and the case plan, the focus is always on the waiver member.</p>
22	7/28/21	<p>Pg 16 possible typo reportable events "but does not meet the definition or abuse... should likely be of</p>	<p>Change.</p> <p>BMS has made this update.</p>
23	7/28/21	<p>What services will EVV be required for in Chapter 502?</p>	<p>Change.</p> <p>Chapter 502 Services that are subject to EVV utilization and all corresponding requirements are the following:</p> <ul style="list-style-type: none"> • Wraparound Facilitation; • In-home Respite Care, and; • Independent Living/Skills Building