

WV CSED Waiver Frequently Asked Questions ARCHIVED 8/31/23

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 304-558-7000 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.

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.

8. 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 results 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 drivers 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 provider's 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 in the event that 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 situation 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 Spidler 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?

Staff required to utilize 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. Change in prior authorization process

We are making a slight adjustment to our prior-authorization process. Please be advised that the following services do not require prior authorization in our system per policy:

T1016-HA, Wrap Facilitation

H0004-HOHA, In-Home Therapy

H0004-HA, In-Home Support

H2017-HA, Crisis Mobile Response

A1060-HA, Non-Medical Transportation

H0038-HA, Peer Parent

As a reminder, Providers can utilize our ProPat system to determine what services are covered, not covered, or if they require prior authorization. It can be accessed at the link below:

<https://medicaidportal.aetna.com/propat/Default.aspx>

CSED Waiver is a part of Aetna's Mountain Health Promise (MHP) plan so please ensure that you are choosing the appropriate plan when utilizing this website.

What does this change for you?

Wrap Facilitators will still need to include all requested services in the POC, even those that do not require prior authorization. Providers need to continue to reference utilization guidelines for services. Providers will continue to receive authorization approval letters from Aetna Better Health of WV when a POC is finalized; however, providers will not receive an authorization number if no requested services require a prior authorization. If a service requires prior authorization, you will receive an authorization number for that service. Your billing process will not be impacted and will continue per your agencies current process.

48. CANS Assessments

CANS are to be completed within 30 days of service initiation, at any identified 'significant life event(s),' and in preparation for formal POC development at least every 90 days, but not more than one time in a calendar month.

49. CSED Provider Service Delivery

When agencies sign a contract with Aetna, the contract allows for you to provide all services in all counties to support provider growth. However, it is not mandatory for you to provide all CSEDW services. What services you provide are dictated by what your agency decides to provide. That being said, we have agencies who may start by providing Therapy and In-Home Support and then later add Mobile Response, which is supported but not mandatory.

50. Change in FOC

As announced in the Policy Clarification meeting 1/11/23, guardians will have the option to indicate "first available provider" on their Freedom of Choice form as approved per BMS on 1/11/2023. When a guardian chooses this option a referral will be sent to ALL agencies that provide services in that area. We are asking that you "reply all" to these emails so that all providers are aware when a member is accepted. As a reminder, referral acceptance/denial is required within 24 hours of receipt of referral so that 72 hour contact timeline can be met. If more than 1 provider is able to accept a referral it will be the guardian's choice as to which agency they want to utilize. If no providers are available we will request (in the same email chain) that all providers place the child on a waitlist. All communication regarding the referral will occur in that email chain until agencies are chosen. Our hope is that this will help decrease the amount of referral emails and status check emails that you are receiving and will help us ensure that service delivery is more readily available to families. Once agencies are established the WF will need to obtain a new FOC with the finalized agency choices that is sent to your Aetna Care Manager, abhwcsed@aetna.com, and kept in the member's file.

Families will still have the option to choose a specific agency if they do not want to opt to use any available provider. In this circumstance referrals will only be sent to the chosen agencies.

51. 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.

52. When does the CSED 12- Request to Continue Services Form need to be submitted to the managed care organization when an exception to WF home visit requirement is needed?

As soon as the agency becomes aware that a home visit will not occur according to the frequency noted in the POC (weekly/bi-weekly/monthly).

53. Could we combine units in a day when the activities are related: For example, if we contact the school principal about a behavior in school and speak to them for 6 minutes, and then we have another conversation with someone else about that behavior, like the parents, for 10 minutes, could those units be combined to equal one billable unit?

Minutes from multiple tasks/progress notes for the same type of activity for the same member can be combined to equal whole units. Minutes from different activities or across more than one day/week cannot be combined to make whole units.

54. As of 3/6/2023, BMS has approved for CSEDW members that would benefit from transferring from CSED directly to ACT without having to have hospital admissions within the year. If a member would benefit from ACT longer term and meets other criteria, reach out to your Aetna Care Manager to discuss if this is an option.