

PCSC Waiver Public Comments

| Date | Format of Comment | Comment | Response |
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| 5/7/17 | Public comment email | <p>It seems that the waiver description implies that children in foster care will be included. Please keep in mind that children in foster care are unlike other children that may fall under the waiver -- they have been abused and / or neglected by a parent or person responsible for their care. They generally do not have the personal supports that are needed to be successful with community-based wrap services. The parents are often not committed to their children or to services, often are involved with substance abuse and domestic violence, and sometimes refuse to participate in any type of services. Foster parents generally will not commit to service participation with foster children due to time constraints. Behavioral health issues of foster children are, in many instances, directly related to abuse or neglect. To inform persons in the community is a violation of privacy.</p> <p>Requiring foster children to participate under this waiver would be unjust. Participation for this group should be optional, dependent upon their parents' agreement and commitment. Foster children should not be denied behavioral health treatment, including inpatient care, if the community wrap model is not appropriate for them and will not meet their needs.</p> | <p>Thank you for highlighting the needs of youth in foster care. No youth in foster care is required to participate in the waiver.</p> |
| 5/22/17 | Review by P&A | <p>1. When will the provider network be in place? What are plans for workforce development? Will each of therapies be available in all parts of the state? I don't understand how this system will work. At page 255 the waiver says,</p> <p align="center">“Participants will be given a choice of wraparound facilitators in their service area. However, because of the difficulty of obtaining and maintaining this</p> | <p>The provider network will be developed over time. We also hope that over time a broad array of services will be available statewide. With respect to evidence-based practices, a Provider Capacity and Training workgroup met over the course of several months in 2014 and 2015 to create a Center of Excellence to promote the use of evidence-based practices in the state. The Center's research helped</p> |

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| | | <p>certification, it is only expected that one or two providers at most will be available in the State of South Carolina. The program must guarantee the vendors enough volume of service to justify the vendors undergoing and maintaining the expense of the certification. It is expected that one vendor will serve children who are in DSS custody. The second vendor will serve children who are in their parent’s or caregiver’s custody. Participants will be given a choice of wraparound facilitators within each vendor.”</p> <p>Does this mean the wrap provider will make all the types of evidence-based practices available all over the state?</p> | <p>to inform what evidence-based practices would be available in the waiver. Specific evidence-based practices will be promoted through a rate sufficient to sustain the practice with fidelity. As of 7/14/17, evidence-based providers expressed that rates were consistent with national rates for the practices and sufficient to sustain the practices. For other waiver services, building from the network of providers for youth currently served by the Continuum of Care, additional providers will be added to provide new services such as respite and employment services.</p> <p>In High Fidelity Wraparound the role of the Wraparound Facilitator is to facilitate the child and family team, which develops and authorizes a plan of care. If the child and family team determines that a specific evidence-based practice is needed, the Wraparound Facilitator works with the family to identify a provider or an alternative if no provider is available. Wraparound Facilitators are a valuable source of information on provider network development needs, but do not solely ensure that all evidence-based practices are available statewide.</p> |
| 5/22/17 | Review by P&A | 2. Who will explain the pros and cons of each type of therapy to the family? Is that part of the freedom of choice explanation? | Once a need is identified by the child and family team, the Wraparound Facilitator and the Parent Navigator can help families make choices of the appropriate therapy. The Wraparound Facilitator will guide families in choosing a provider through the freedom of choice process. |
| 5/22/17 | Review by P&A | 3. The waiver says it serves children ages 18-21 but it appears to me that it actually stops at the 21 st birthday. Would it be clearer to say 18-20—to me saying 18-21 means that services | Thank you for requesting that clarification. The waiver serves youth up until the youth’s 21 st birthday and this will be changed in the waiver. |

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| | | would continue until 22d birthday. On page 61 it says, "Age - A child must be between 0 and through the age of 21 years old." To me through means until 22d birthday. I thought I had understood that it was going to 24, and that was lower than original thought of 26. | |
| 5/22/17 | Review by P&A | 4. If services are anticipated to last around 8-9 months, is there an age at which people will not be admitted to the program? | High Fidelity Wraparound typically lasts a minimum of nine months, but can last up to two years, depending on the individual needs of the youth and family. Youth are eligible to apply for the waiver until their 21 st birthday. Youth that are approaching their 21 st birthday who meet level of care may still need assistance with transition planning and would be eligible for those services. |
| 5/22/17 | Review by P&A | 5. Am I understanding correctly that kids with a substance abuse only diagnosis will be eligible (realizing that there is probably something else going on)? | Yes, this is correct. |
| 5/22/17 | Review by P&A | 6. If the system is first come, how will all providers across the state be educated to know about the services? Was any consideration given to prioritizing rural and underserved areas? | Not all waiver positions are first-come, first-served. There are reservation of positions for youth in crisis. The public notice process is part of the official notification to families, youth, and providers. A Medicaid provider bulletin will also be sent to providers at least 30 days before the waiver begins. Also, many providers are already providers for other Medicaid waivers making outreach less difficult. In addition, outreach to specific providers is also planned. CMS guidelines do not allow for prioritizing specific geographic areas. Finally, understanding the needs of rural areas, waiver rates include an average daily mileage reimbursement with rural communities in mind. |
| 5/22/17 | Review by P&A | 7. Can application be made for a child while a child is in in a PRTF so waiver services are ready to start upon discharge? | An application can be started if a youth is currently in a psychiatric residential treatment facility (PRTF), however, youth being treated in a PRTF <u>may not necessarily</u> meet the inpatient hospital level of care |

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| | | | required for the waiver. Inpatient level of care means that the intensity of services that the youth needs are such that without waiver services, the youth could be admitted to a general hospital with a psychiatric program or a standalone inpatient psychiatric hospital. |
| 5/22/17 | Review by P&A | 8. The waiver says, "This targeting criteria includes [sic] children and youth with SUD issues only or have multi-system involvement (including foster care and juvenile justice) and meet level of care." If this is pure first come, will it be possible for an application to be for kids at DJJ to have services in place in the community upon release? On identification as eligible for subclass? At or before adjudication? | In order for a youth to be eligible for the waiver, the youth must be financially eligible for Medicaid and meet level of care criteria for the waiver. Youth who are likely to meet these criteria can apply for the waiver at any point. |
| 5/22/17 | Review by P&A | 9. The waiver says, "The criteria includes [sic] children and youth with developmental disorders with co-occurring serious BH challenges, such as children and youth with autism spectrum disorders with SED or SUD." It is currently extremely difficult to get services for kids with mi/dd diagnoses; right now there is a girl at DJJ only because neither DDSN nor DMH will serve her, even though it is agreed she needs placement. Will there be specialized providers throughout the state children for with intellectual disabilities? | The issue of services for co-occurring diagnoses has been a concern for the state for decades. A goal of this program is to serve these youth through a system of care approach. Waivers allow youth to live in the community with home and community based services, rather than entering institutions. The waiver may not be appropriate for youth who require residential placement. Several of the home and community-based waiver services are appropriate for youth with intellectual disabilities. It is the sincere desire that this waiver will be a catalyst for developing services to better meet the needs of youth who may not adequately be served by the current system. |
| 5/22/17 | Review by P&A | 10. In looking at the list of qualifying diagnoses, I didn't see PTSD, reactive attachment disorder, or disruptive mood regulation disorder. We see a lot of subclass kids with these diagnoses. Are they included in one of the listed diagnoses? | Yes, those diagnoses are included. Post-traumatic stress disorder 309.81 (F43.10) is included in Trauma and Stressor Related Disorders. Reactive attachment disorder 313.89 (F94.1) is also included in Trauma and Stressor Related Disorders. |

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| | | | Disruptive mood dysregulation disorder 296.99 (F34.8) is included in Depressive Disorders. |
| 5/22/17 | Review by P&A | 11. How will school transition services be addressed in the transition plan? Will parents and kids be asked if their PCSC team can be part of IEP/504 planning and meetings? Will service providers be trained in the basics of special education, including evaluations and the school disciplinary process? | <p>Six months prior to the youth reaching age 21, the family is given information regarding the transition planning procedures. The High Fidelity Wraparound Facilitator or Targeted Case Manager is available to meet with the family to discuss the transition process. The Child and Family Team or Targeted Case Manager works with the family to ensure that the family is aware of and has access to available services that they can utilize to support them upon discharge from the waiver. Three months prior to the youth "aging out" of the PCSC waiver, the family's Wraparound Facilitator or Targeted Case Manager schedules a Child and Family Team meeting to develop a formal transition plan with action steps and transitional services. The youth's transition plan specifies transitional services being pursued on their behalf and contains evidence that appropriate services have been initiated.</p> <p>Parent Navigators can attend IEP/504 meetings with youth, but may not be able to attend in every instance. There is no plan for waiver staff to train service providers on special education evaluations and the school disciplinary process. However, this training may be available through other resources such as Family Connection through its work as the state's the Parent Training and Information Center (PTI).</p> |
| 5/22/17 | Review by P&A | 12. Is the cost limit per child or for the total amount of the waiver? What is the per day cost of institutionalization being used as the basis? Will there be an estimate of the cost per | There is no cost limit per child or for the total amount of the waiver; however, SCDHHS must show that the waiver meets cost neutrality requirements. There is no cost per day of |

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| | | child of the breakout of other costs (OT, pharmacy, etc.) that goes into effect in July? | institutionalization used as the basis. CMS' cost neutrality requirement ensures that waiver program costs are less than or equal to the cost of institutional programs for the same population enrolled in a home and community-based services waiver. |
| 5/22/17 | Review by P&A | 13. As I read this you are assuming about a 16% attrition rate based on the Continuum. What was the attrition rate in the CHANCE waiver? | A 20% attrition rate was used, based on data from the Continuum of Care attrition rate since adopting the evidence-based approach of High Fidelity Wraparound. |
| 5/22/17 | Review by P&A | 14. Does limited English proficiency include sign language? Will providers need to document that they have the capacity to treat a child or family member whose primary language is ASL? | Limited English language proficiency includes sign language. Providers may not have to have capacity on staff to treat a child or family whose primary language is ASL, but can contract with a sign language interpreter to facilitate communication. |
| 5/22/17 | Review by P&A | 15. At page 75 the waiver states, <p style="padding-left: 40px;">“Wraparound facilitation may not be provided at the same time as targeted case management to address the unique needs of waiver children/youths living in the community and does not duplicate any Medicaid State Plan Service or services otherwise available to the recipient at no cost. Note: children under the waiver who decline wraparound facilitation services may instead receive TCM for their HCBS assessment, person-centered planning, referral and monitoring. TCM may also be utilized for children under the waiver in intensive evidence-based practices such as Multi-systemic Therapy where the delivery of the evidence-based practice of wraparound facilitation would undermine the fidelity of the model.”</p> <p>I don't understand this—does it mean that if you apply for the waiver, and then you decide you don't want to be in the</p> | If a youth applies for the waiver but does not want to receive High Fidelity Wraparound, the youth and family may choose to receive Medicaid Targeted Case Management, a Medicaid state plan service. A youth and family that chooses to receive Medicaid Targeted Case Management would be able to receive all waiver and state plan services that were determined to be appropriate for that youth. |

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| | | waiver once you learn about wraparound, you would still get all the state plan services you would be entitled to under EPSDT, but not the bells and whistles in the waiver? | |
| 5/22/17 | Review by P&A | 16. Page 88, second paragraph—should the reference be to Employment Skills Development? | Yes that is correct. Please note that Career Exploration and Assessment may not be offered on the same day as Employment Skills Development. |
| 5/22/17 | Review by P&A | 17. Page 88, third paragraph: Handicapped employment, as defined in Title 55, Chapter 2390, may not be funded through the waiver. Is it possible to use another term or is handicapped in the statute? Can there be a clearer reference—is it a U.S. Code section? WIOA? | Thank you for your comment. The language is referring to employment that is compensated below a fair market rate. That reference will be changed in the waiver draft. |
| 5/22/17 | Review by P&A | 18. Page 93: In addition, this service is intended for children/youths who are being discharged from inpatient units, jail or prisons, and with a history of non-engagement in services, transitioning from crisis services, and for people who have disengaged from care. This also needs to refer to juvenile detention, juvenile evaluation, any kind of juvenile justice facility, including camps. Kids are much more likely to be in these locations that adult jail or prison. | Thank you for requesting that clarification. The intent was to include all juvenile justice programs, including wilderness camps. That will be clarified the waiver. |
| 5/22/17 | Review by P&A | 19. Page 94: Priority is for people with Schizophrenia, other psychotic disorders, Bipolar Disorder, or Major Depressive Disorder. Is this for admission to the waiver or only for access to psychiatrists? Will there be prescribers other than psychiatrists? Is this just for 18-21? | The bullet points referenced in this question are the medical necessity criteria for the waiver service of community psychiatric support and treatment (CPST). Priority for this service is given to youth with schizophrenia, other psychotic disorders, bipolar disorders, or major depressive disorders. This service does not impact access to psychiatrists for any youth. |
| 5/22/17 | Review by P&A | 20. Could driver training and car insurance be paid for with flex funds? | If there is no other source of funds and if the child and family team determines driver training meets a need on the youth's plan of care, driver training may be paid with flex funds. Typically, however, |

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| | | | funds are not used for ongoing expenses such as car insurance if there is not a way to sustain the payment past the term of the waiver. |
| 5/22/17 | Review by P&A | 21. DSS maintains only a child abuse registry, so checking the registry wouldn't pick up people who abused 18-21 year olds. | Unfortunately, that is a limitation of our state reporting system. State Law Enforcement Division (SLED) criminal background checks will also be performed to protect individuals. |
| 5/22/17 | Review by P&A | 22. Integration in the community (page 137) should also include schools. The team should be knowledgeable about special education in order to avoid segregated placements and suspension and expulsion. | This section deals with the Home and Community-Based Services (HCBS) Settings Waiver Transition Plan. Schools are considered community settings and are not included in the HCBS Waiver Transition Plan as they are already subject to the requirements of IDEA. IDEA requires that youth be educated in the least restrictive environment. |
| 5/22/17 | Review by P&A | 23. Families need to be informed about their right to request a fair hearing as well as their right to grieve. For instance, the waiver states at page 148, <p style="margin-left: 40px;">“Follow-up and remediation of identified problems should occur at the local level first and then move up the chain of command, if needed. The wraparound facilitator/TCM is required to promptly address any concerns the family may have on the implementation of the person-centered plan and/or any child/youth health and welfare issues. If the concerns cannot be addressed at this level, the wraparound facilitator/TCM notifies the peer navigator on the CFT/TCM who intervenes. The youth/family may also contact another member of the CFT/TCM to intervene if they do not feel comfortable having the wraparound facilitator/TCM do this for them. If the peer navigator on the CFT/TCM is not able to resolve the issues, SCDHHS is notified. The family may utilize</p> | The referenced section explains an informal way to resolve disputes. Youth and families will also be notified of their appeal rights through the formal fair hearing process. Youth and their representatives have the right to appeal any reduction, denial, suspension, or termination of Medicaid services through the fair hearing process. The formal fair hearing process is outlined in the waiver in Appendix F-1 Opportunity to Request a Fair Hearing. Youth and families will also be notified of their grievance rights. Youth and families may grieve issues concerning the provision of services such as dissatisfaction with a provider, the course of treatment, or with the operating or administrative entity. The grievance process is outlined in Appendix F-3 State Grievance/Complaint System. |

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| | | <p>the grievance process to have their concern addressed.”</p> <p>The family should also be notified of their due process rights.</p> | <p>Both Appendix F-1 and F-3 have been revised to make the language clearer for families and youth.</p> |
| 5/22/17 | Review by P&A | <p>24. What is the independent advocacy service described on page 164? How will this entity be selected?</p> | <p>The participant directed service in this section refers to individual goods and services, \$2,000 that can be used to purchase goods and services to support the youth’s plan of care. The state did not check the box for independent advocacy, so no independent advocacy service will be used. It is the intent that the parent peer navigator will assist with this process and decision making, if requested by the family.</p> |
| 6/5/17 | Public comment email | <p>When can agencies request to become providers of the System of Care?</p> | <p>There are three requirements to become a PCSC waiver provider: 1) be enrolled as Medicaid provider, 2) be enrolled as a PCSC Waiver provider and meet provider qualifications, 3) be enrolled on state qualified provider list (QPL).</p> <p>If a provider is not currently a Medicaid provider, the provider may apply now to become a Medicaid provider. Please note that there is a moratorium on rehabilitative behavioral health service (RBHS) providers. Providers are also encouraged to apply now to the state qualified provider list, a requirement in order to be on a plan of care developed by the Continuum of Care. Providers are added to the qualified provider list each year in March, June, September, and December. Additional information to become a PCSC waiver provider will be available after October 2017. For more information on the QPL see: http://webprod.cio.sc.gov/SCSolicitationWeb/contractSearch.do?solicitnumber=5400010212</p> |

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| | | | Additional information to become a PCSC waiver provider will be available after October 2017 here: https://www.scdhhs.gov/pcsc under the “For Providers” tab, see “Provider Resources”. |
| 6/5/17 | Public comment email | How can an agency become and CFT facilitator? (who will provide the trainings and certification) | The provider qualifications in the waiver require training and certification and ongoing fidelity monitoring from the University of Maryland. The Continuum of Care currently provides this service statewide. High Fidelity Wraparound facilitators will be employed by the Continuum of Care. |
| 6/6/17 | Webinar | Most of the inquiries for this waiver will be associated with an autism spectrum diagnosis (ASD). Are there any specific parameters for that population of beneficiaries that I should be aware of? | The waiver serves youth with a primary behavioral health diagnosis and co-occurring developmental disability who meet inpatient hospital level of care. There are not specific waiver services for youth with autism, however, we are hopeful that providers will develop an array of waiver services that will meet the needs of youth with co-occurring conditions. |
| 6/6/17 | Webinar | Good morning, this is something I try to help my families with but if you could shine some light on it that would be great. Most parents feel the young adults need a shadow on the job just so that if a behavior (like a meltdown or stress) occurs the young adult will feel safe to get through that moment without feeling shamed or blamed. Families are learning that although their child is of age their emotional level is still not developed. So after 21 will there be services put in place for young adults that would like to continue to be successful but still needs certain levels of care. | <p>Thank you for that important reminder that youth with significant behavioral health challenges may have greater developmental needs than their actual age would suggest. Youth are eligible for the waiver until their 21st birthday.</p> <p>After a youth turns 21, the youth is no longer eligible for waiver services. This comment raises the importance of transition planning in the waiver. The philosophy of High Fidelity Wraparound is to help youth and their families be independent, not dependent on paid services. Six months prior to the youth reaching age 21, the family is given information regarding the transition planning procedures. The High Fidelity Wraparound Facilitator is available to meet with the family to</p> |

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| | | | <p>discuss the transition process. The Child and Family Team works with the family to ensure that they are aware of and have access to available services that they can utilize to support them upon discharge from the waiver. Three months prior to the youth "aging out" of the PCSC waiver, the family's wraparound facilitator schedules a Child and Family Team meeting to develop a formal transition plan with action steps and transitional services. The youth's transition plan specifies transitional services being pursued on their behalf and contains evidence that appropriate services have been initiated.</p> |
| 6/6/17 | Webinar | Is there any specific cooperation between DJJ and waiver services for beneficiaries that experience legal issues? | <p>DJJ has been an important partner in developing a statewide system of care. Although the waiver cannot provide legal services to youth with juvenile justice involvement, parent peer navigators may be available to attend family court hearings, assist with referrals, and other similar activities.</p> |
| 6/6/17 | Webinar | I was a Facilitator in NC child protective service for child and family teams, how do you become a SC Child and Family Team Facilitator? | <p>The provider qualifications in the waiver require training and certification from the University of Maryland. The Continuum of Care currently provides this service statewide. High Fidelity Wraparound facilitators will be employed by the Continuum of Care.</p> |
| 6/6/17 | Webinar | How soon will the webinar be available to view, and will the slides be available for viewing as well? | <p>Slides will be emailed to webinar participants. A recording of this webinar will be available on the PCSC website at https://www.scdhhs.gov/pcsc</p> |
| 6/6/17 | Webinar | SCDHHS should have information on children that are eligible for this waiver. How are you proactively planning to provide waiver services to children and families most at risk? | <p>Outreach is currently through family organizations who serve youth and families with significant behavioral health needs. These include Family Connection, Federation of Families, FamilyCorps, National Alliance for Mental Illness (NAMI), and</p> |

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| | | | Able SC. Outreach is also planned for inpatient hospitals with psychiatric programs. |
| 6/6/17 | Webinar | What will be some of the qualifications for staff employment to provide services for Intensive Supported Employment, Transitional Employment Service and Homebuilders for example? | Provider qualifications are listed for each waiver service. To see the specific qualifications for these services, please see the wavier document starting on page Appendix C-1:13. |
| 6/6/17 | Webinar | Would the waiver permit children/adolescents in a psychiatric residential treatment facility (PRTF) setting to return home and receive services from home? | PCSC waiver eligibility is based on the youth meeting the inpatient hospital level of care. Youth being treated in a psychiatric residential treatment facility (PRTF) may not meet the inpatient hospital level of care required for the waiver. If, however, the youth does meet the inpatient level of care, he or she would be eligible for the waiver. |
| 6/6/17 | Webinar | Some parents have personal insurance but still struggle with medical care for their child(ren). I work with families to get as much help as possible financially but sometime there are lots of road blocks. How can we help these families feel less stressed? | This waiver is designed based on significant feedback from families and youth. Families have explained that respite and individualized goods and services (flex funds) in the waiver are two important ways to reduce stress. Meeting families where they are and designing a program with significant input from families and youth we hope will help reduce barriers and stress for youth and their families. |
| 6/6/17 | Webinar | Actually, this allows for Prevention instead of Detention for our youth. Really looking for to providing these wrap around services. | Thank you for your comment. |
| 6/6/17 | Webinar | What is the tool what will be used for the level of care? | The Child and Adolescent Service Intensity Instrument (CASII) will be used to determine if a youth meets the inpatient hospital level of care. The tool looks at six different domains involving the youth's risk of harm, environmental support, functioning, resiliency and response to services, co-occurring conditions, and involvement in services. |
| 6/6/17 | Webinar | Who can make a referral? | Anyone can make a referral, but waiver services cannot be accessed without the consent of the |

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| | | | parent or legal guardian for a minor. The age of majority is 18, when a youth can consent on their own behalf. Minors 16 and older can consent for health services if they have exercised that right. |
| | Comments After the Webinar | Very informative and useful information that will impact the lives of children we serve. | Thank you for your comment. |
| 6/6/17 | Comments After the Webinar | I feel that there are many families that will and can benefit from the services. | Thank you for your comment. |
| 6/6/17 | Comments After the Webinar | Very excited about this program. | Thank you for your comment. |
| 6/6/17 | Comments After the Webinar | I thought this was very informative and important for all professionals working with children to understand this process and the services involved. I am somewhat new to the area so it is very helpful to me. Thank you. | Thank you for your comment. |
| 6/6/17 | Florence Public Meeting | If a youth does not have Medicaid, can they still receive services? | A youth must be on Medicaid to receive waiver services. Financial eligibility for the PCSC waiver however, is different from typical Medicaid financial eligibility. Financial eligibility for the PCSC waiver disregards parental income, and instead considers the income and assets of the youth. This means that most youth will qualify, regardless of parental income. Prior to being enrolled in the waiver, all youth must complete Medicaid financial eligibility forms. SCDHHS plans to have a parent peer to assist in completing the requirements. |
| 6/6/17 | Florence Public Meeting | An attendee made a comment about the importance of training peer navigators about the Medicaid financial eligibility process. | Thank you for your comment. |

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| 6/6/17 | Florence Public Meeting | For the non-waiver service of Community Crisis Response (CCRI) and Intervention, how long will the response time be? | If CCRI determines a mobile response is warranted, the response time is expected to be 60 minutes or less. |
| 6/6/17 | Florence Public Meeting | An attendee made a comment on the importance of having CCRI staff meet with Regional Program Directors at the Continuum of care. | Yes, this will be important to the success of the system of care. |
| 6/6/17 | Florence Public Meeting | An attendee made a comment about the importance of having a good pool of providers with qualified, experienced staff. | Yes, this will be important to the success of the waiver. |
| 6/6/17 | Florence Public Meeting | An attendee raised an issue with the state plan service of behavior modification and the importance of training and experience. The attendee recounted an experience with her son. A behavior modification provider with a degree does not necessarily have the experience necessary to recognize what an anxiety disorder looks like. | Thank you for your comment. |
| 6/6/17 | Florence Public Meeting | Will the wait list be prioritized by severity or will it be first-come first serve? | There will be five waiver positions reserved for youth in crisis, so not every participant will be served on a first-come, first-served basis. |
| 6/6/17 | Florence Public Meeting | Will non-waiver youth served by the Continuum of Care have plans of care through the Phoenix system? | Yes. |
| 6/6/17 | Florence Public Meeting | How long will it take for providers to be added to the qualified provider list? | There are three requirements to become a PCSC waiver provider: 1) be enrolled as Medicaid provider, 2) be enrolled as a PCSC Waiver provider and meet provider qualifications, 3) be enrolled on state qualified provider list (QPL). If a provider is not currently a Medicaid provider, the provider may apply now to become a Medicaid provider. Please note that there is a moratorium on rehabilitative behavioral health service (RBHS) providers. Providers are also encouraged to apply now to the state qualified provider list, a requirement in order to be on a plan of care developed by the Continuum of Care. Providers are |

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| | | | <p>added to the qualified provider list each year in March, June, September, and December. Additional information to become a PCSC waiver provider will be available after October 2017. For more information on the QPL see: http://webprod.cio.sc.gov/SCSolicitationWeb/contractSearch.do?solicitnumber=5400010212 Additional information to become a PCSC waiver provider will be available after October 2017 here: https://www.scdhhs.gov/pcsc under the “For Providers” tab, see “Provider Resources”.</p> |
| 6/6/17 | Florence Public Meeting | An attendee made a suggestion this waiver be added to Medicaid booklets that are sent through the mail. | Thank you for your comment. We will continue to develop family friendly ways to communicate with families and youth. |
| 6/8/17 | Charleston Public Meeting | What is the age limit for youth to use the non-medical transportation? | Youth 16 years old and over will be able to use non-medical transportation without an adult accompanying them. Youth 15 years old and under can still use non-medical transportation, but will need an adult to accompany them. |
| 6/8/17 | Charleston Public Meeting | If a youth requires an adult to accompany them for non-medical transportation, will the provider be able to take the adult home after dropping the youth off? | That is a good question. The non-medical transportation request for proposals has not been awarded yet, but this issue will be addressed once the award is made. |
| 6/8/17 | Charleston Public Meeting | An attendee commented that multi-systemic therapy (MST) has a fixed cost of doing business and that a small number of youth is not likely to support a team. | Thank you for your comment. |
| 6/8/17 | Charleston Public Meeting | An attendee commented on the lack of providers in rural communities. | Thank you for your comment. Based on the feedback from providers, we are hopeful that the rates will sustain a robust provider network. |
| 6/8/17 | Charleston Public Meeting | An attendee commented favorably on the rate for MST. The rate is consistent with national rates for this service. | Thank you for your comment. |
| 6/8/17 | Charleston Public | How far from an MST team’s “home base” will the team be able to serve youth? | A representative from MST Services stated that the maximum drive time is 90 minutes; however, in |

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| | Meeting | | general, youth should be an hour or less from an MST team. |
| 6/8/17 | Charleston Public Meeting | Will youth with private insurance who become Medicaid eligible due to the waiver have their private insurance billed for services? | Yes, it is possible that providers will be required to bill third parties before billing Medicaid. "Third-party liability" (TPL) refers to the responsibility of parties other than Medicaid to pay for health insurance costs. Medicaid is always the payer of last resort, which means that Medicaid will not pay a claim for which another entity may be responsible until the party liable before Medicaid has been billed. For the most part, this means providers are responsible for billing third parties before Medicaid. For more information see: https://www.scdhhs.gov/internet/pdf/manuals/tpl%20supplement.pdf If a service on the plan of care is not covered by private health insurance, TPL will not be necessary. However, if a service, like psychotherapy, is covered by private insurance, then TPL may be required prior to billing Medicaid. |
| 6/8/17 | Charleston Public Meeting | How will the waiver adjust to the fluctuating service needs of youth in the waiver? | The High Fidelity Wraparound care coordination model has a child and family team meeting at least every thirty days, if not more frequently, during the implementation phase. This process is designed to be very responsive to a youth and family's fluctuating needs. |
| 6/8/17 | Charleston Public Meeting | How will the Continuum of Care be trained regarding the level of care determination? | Staff will conduct the level of care assessment initially and annually thereafter. Staff performing the level of care assessment will be certified through the American Academy of Child and Adolescent Psychologists to administer the Child and Adolescent Service Intensity Instrument (CASII). |

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| 6/8/17 | Charleston Public Meeting | Is there a requirement for two services per month? | No. The requirement is that one waiver service per month will be used. |
| 6/8/17 | Charleston Public Meeting | Will providers be trained in how to bill through Phoenix? | Yes. Providers will be trained in how to take full advantage of the Phoenix system. This includes billing, managing staff, and notification features. |
| 6/8/17 | Charleston Public Meeting | How will electronic visit verification be used in this waiver? | Electronic visit verification (EVV) will be used for services that are typically provided in the home. EVV allows a provider to use the family's home phone or a phone app to check in and check out to document when the service was provided. |
| 6/13/17 | Greenville Public Meeting | An attendee commented that behavior communicates an unmet need, and that often parents have unmet needs. The High Fidelity Wraparound process aims to also address the unmet needs of the families who parent youth with behavioral health challenges. | Thank you for your comment. |
| 6/13/17 | Greenville Public Meeting | An attendee commented on Mental Health America's crisis hotline and texting line for parents and teens. | Thank you for providing information on this resource. |
| 6/13/17 | Greenville Public Meeting | An attendee commented on concerns that applied behavioral analysis (ABA) providers may not be available for youth with autism and that families parenting youth on the autism spectrum are very interested in this waiver. | Thank you for your comment. |
| 6/13/17 | Greenville Public Meeting | Will youth be able to be on more than one waiver at a time? | No. Youth will only be able to be in one waiver at a time. |
| 6/13/17 | Greenville Public Meeting | One of the biggest frustrations for youth with autism is that they are frequently unable to access services for youth with mental health needs at community mental health centers or services offered for youth with developmental disabilities. What are the plans for specialized services for youth with co-occurring developmental disabilities and mental health needs? | The issue of services for co-occurring diagnoses has been a concern for the state for decades. A goal of this program is to serve youth through a system of care approach. One approach that is being used is training frontline therapists on the use of Managing and Adapting Practice (MAP), an evidence-based tool that gives practitioners access to components of evidence-based practices that fit a youth's |

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| | | | specific characteristics. For more information: https://www.practicewise.com/Community/MAP |
| 6/13/17 | Greenville Public Meeting | How do waiver services connect with rehabilitative behavioral health services (RBHS) offered through Medicaid? | During the High Fidelity Wraparound care coordination process, the child and family team may decide that waiver services and RBHS services are appropriate to meet the youth and family's goals. The child and family team will determine the amount and frequency of those services and authorize those services. |
| 6/13/17 | Greenville Public Meeting | An attendee commented about the need for therapists to become competent in meeting the needs of youth on the autism spectrum. If therapists are not comfortable with strategies the therapist is unlikely to use that strategy. | Thank you for your comment. |
| 6/13/17 | Greenville Public Meeting | An attendee commented on the challenges of finding providers in rural areas. | Thank you for your comment. |
| 6/15/17 | Columbia Public Meeting | Do all SCDHHS waivers have flex funds? | No, not all SCDHHS waivers have flex funds. |
| 6/15/17 | Columbia Public Meeting | Are flex funds available for repairs due to destructive behaviors of a youth? | Yes, flex funds are available for short term or one-time expenses that meet a need on the youth's plan of care. |
| 6/15/17 | Columbia Public Meeting | Will siblings have access to respite care? | Respite care in the waiver is for the youth enrolled in the waiver. However, if respite care for siblings meets a need on the youth's plan of care, flex funds may be appropriate for sibling respite care. |
| 6/15/17 | Columbia Public Meeting | A request was made for continuing legal education credits for attorneys attending the system of care conference. | Thank you for your comment. |
| 6/15/17 | Columbia Public Meeting | What is Community Crisis Response and Intervention? | CCRI is a program provided by the SC Department of Mental Health, expected to begin in 2018. It would provide a crisis intervention line 24 hours a day, seven days a week for youth in crisis. If |

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| | | | deemed appropriate by CCRI, a team could come to the youth to assist with a behavioral health crisis. |
| 6/15/17 | Columbia Public Meeting | A suggestion was made to provide print resources. | Thank you for your comment. Hopefully, there will be marketing resources to publicize the waiver. |
| 6/15/17 | Columbia Public Meeting | Are state agencies able to be reimbursed for individual goods and services? | No, because if an agency provided the good or service, then there was a source available pay for the need. Flex funds are only available if there is no other source of funding. |
| 6/15/17 | Columbia Public Meeting | How do providers get on the qualified provider list? | <p>There are three requirements to become a PCSC waiver provider: 1) be enrolled as Medicaid provider, 2) be enrolled as a PCSC Waiver provider and meet provider qualifications, 3) be enrolled on state qualified provider list (QPL)</p> <p>If a provider is not currently a Medicaid provider, the provider may apply now to become a Medicaid provider. Please note that there is a moratorium on rehabilitative behavioral health service (RBHS) providers. Providers are also encouraged to apply now to the state qualified provider list, a requirement in order to be on a plan of care developed by the Continuum of Care. Providers are added to the qualified provider list each year in March, June, September, and December. Additional information to become a PCSC waiver provider will be available after October 2017. For more information on the QPL see: http://webprod.cio.sc.gov/SCSolicitationWeb/contractSearch.do?solicitnumber=5400010212</p> <p>Additional information to become a PCSC waiver provider will be available after October 2017 here: https://www.scdhhs.gov/pcsc under the “For Providers” tab, see “Provider Resources”.</p> |

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| 6/15/17 | Columbia Public Meeting | How are referrals made for youth in foster care? | Any person can make a referral through the SCDHHS 1-800 number. The person with the legal authority to act in the place of the parent can consent to services. In the case of a youth in foster care, a case worker or intensive foster care and clinical services (IFCCS) worker could make the referral. The case workers would work in tandem with the High Fidelity Wraparound Coordinator or Targeted Case Manager. |
| 6/15/17 | Columbia Public Meeting | Can youth in group homes receive waiver services? | Youth in group homes will not be able to receive waiver services if the group home does not comply with the Center for Medicare and Medicaid Services Home and Community Based Services (HCBS) settings rule. Whether a group home meets HCBS settings requirements is determined based on the characteristics of the group home. For more information about South Carolina's plan to be compliant with the HCBS settings rule see: https://www.scdhhs.gov/hcbs and click on the State Transition Plan button. |
| 6/15/17 | Columbia Public Meeting | Will the SC vocational rehabilitation (VR) system be used instead of Medicaid? | The intent of employment services in the waiver is to cover the gaps in services that Vocational Rehabilitation and schools do not cover. For example, Individual Placement and Support (IPS) is an evidence-based rapid employment model for persons with mental illness. This evidence-based practice is not provided by Vocational Rehabilitation. |
| 6/15/17 | Columbia Public Meeting | How does non-medical transportation work? | Non-medical transportation is for community integration activities for youth to meet needs on their plan of care. A provider will be available in each county. The child and family team authorizes the service and the care coordinator documents and schedules the service. |

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| 6/15/17 | Columbia Public Meeting | How do caregivers of Medicaid beneficiaries continue to receive benefits if the recipients age out? | Right now children are covered on Medicaid through the month of their 19 th birthday. Early Periodic Screening Diagnosis and Treatment (EPSDT) benefits are available until a youth's 21 st birthday. Unfortunately, unless a caregiver meets a special category of Medicaid eligibility, the caregiver would not be eligible for Medicaid. |
| 6/15/17 | Columbia Public Meeting | Will the level of care determination be conducted over the phone or in person? | A final decision has not been made yet, but according to the developers of the Child and Adolescent Services Intensity Instrument (CASII), it may be conducted either in person or over the phone. |
| 6/15/17 | Columbia Public Meeting | Will the single point of entry to apply for the waiver be a contractor? | No, SCDHHS staff will be the single point of entry. |
| 6/15/17 | Columbia Public Meeting | Where will provider credentialing information be available? | Requirements to provide waiver services are outlined in the draft wavier document. There are three requirements to become a PCSC waiver provider: 1) be enrolled as Medicaid provider, 2) be enrolled as a PCSC Waiver provider and meet provider qualifications, 3) be enrolled on state qualified provider list (QPL) If a provider is not currently a Medicaid provider, the provider may apply now to become a Medicaid provider. Please note that there is a moratorium on rehabilitative behavioral health service (RBHS) providers. Providers are also encouraged to apply now to the state qualified provider list, a requirement in order to be on a plan of care developed by the Continuum of Care. Providers are added to the qualified provider list each year in March, June, September, and December. For more information on the QPL see: |

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| | | | http://webprod.cio.sc.gov/SCSolicitationWeb/contractSearch.do?solicitnumber=5400010212 Additional information to become a PCSC waiver provider will be available after October 2017 here: https://www.scdhhs.gov/pcsc under the “For Providers” tab, see “Provider Resources”. |
| 6/15/17 | Columbia Public Meeting | Are private providers eligible to provider waiver services? | Yes, private providers are eligible and encouraged to become providers. |
| 6/19/17 | Continuum of Care | There is no state certification for wraparound facilitators, wraparound team leads, or wraparound coach/supervisors. Will one be created? | Yes, based on advice of the University of Maryland, the national purveyor of High Fidelity Wraparound, a state certification will be created that aligns with national training standards. This ensures that any entity that does High Fidelity Wraparound has individuals who have been properly trained. |
| 6/19/17 | Continuum of Care | Does the entire team have to be trained in High Fidelity Wraparound? | No, only the wraparound facilitator on the team must be trained. That will be clarified in the waiver document. |
| 6/19/17 | Continuum of Care | Motor vehicle screens are not required currently for Continuum staff. Will they be a requirement in the waiver? | Yes. Because the wraparound facilitators may transport families, youth, or other staff, vehicle screens will be required. |
| 6/19/17 | Continuum of Care | Tuberculosis screenings are required for targeted case managers. Will tuberculosis screenings be required for Continuum staff? | No, tuberculosis screenings will not be required. |
| 6/19/17 | Continuum of Care | In the individual goods and services section in Appendix C-1:11, what is the training for individuals who provide services to a youth? | This will be a combination of either a written brochure or online training and discussions with the wraparound facilitator or caregiver. Either a written brochure or a brief online training will explain what the High Fidelity Wraparound process is and how it is family driven and youth guided. Unique needs of the youth will be explained by the wraparound facilitator or caregiver. |
| 6/19/17 | Continuum of Care | Who will authorize respite stays of greater than 72 hours? | SCDHHS staff will authorize respite exceeding 72 hours per episode. |

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| 6/19/17 | Continuum of Care | In the respite service section in Appendix C-1:37, what is the training for individuals who provide respite services to a youth? | Either a written brochure or a brief online training will explain what the High Fidelity Wraparound process is and how it is family driven and youth guided. Unique needs of the youth will be explained by the wraparound facilitator or caregiver. |
| 6/19/17 | Continuum of Care | In Appendix C-5:1 the child and family team or the targeted case manager ensures that youth receiving waiver services live in a residence and receive services that comply with the home and community-based settings requirement. How will the wraparound facilitator or targeted case manager document compliance? | Because this is a new waiver, it must immediately comply with the home and community-based services final settings rule. To certify that a residence or service is compliant, wraparound facilitators will complete a checklist in the Phoenix system. This will ensure that SCDHHS can report to CMS compliance with the home and community-based settings final rule. |
| 6/19/17 | Continuum of Care | In Appendix D-2:5 the description states that the child and family team develop a budget for services. Will the child and family team have responsibility for budgeting? | No, the child and family team will not have budgeting responsibility. That will be removed from the draft language. The wraparound supervisor will sign off that services are clinically and financially appropriate. Also every time a plan of care is created or revised, it will be reviewed by SCDHHS waiver staff. |
| 6/19/17 | Continuum of Care | In Appendix D-2:5 the description also states that a plan of care will be developed at the child and family team meeting. The team present at the meeting signs a document stating that they have attended and agree to the plan of care. The wraparound facilitator then works individually with the family to complete freedom of choice documentation and select providers. Therefore, a complete plan of care will not be available until after the first child and family team meeting. Is this acceptable? | Yes. The language requiring a completed plan of care is not required until after the first child and family team meeting. The description of the first child and family team meeting has been edited to reflect this change. |
| 6/19/17 | Continuum of Care | In Appendix C-1:35 excluded conditions for respite include individuals with an acute medical condition requiring a higher level of care and individuals who are at imminent risk to self or others that requires a higher level of care. Many youth | Yes. Those respite exclusions will be removed. |

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| | | qualifying for the waiver will meet the hospital level of care, but this description sounds like they will not be eligible for respite. Can the exclusions be clarified? | |
| 6/30/17 | Public comment email | In section Appendix B-1:9, regarding the target population, most MST kids are not diagnosis SED and although some may be referred for SUD with BH, there is concern that there may be net-widening to referring kids to MST from these other MH groups that are not appropriate. This criteria may be appropriate for MST-Psych of which there are not teams in SC presently. Will the teams be allowed to NOT to provide MST if the referral if it is not model-appropriate? | Yes, youth who are not appropriate for multi-systemic therapy (MST) will not be required to receive MST services. |
| 6/30/17 | Public comment email | In section Appendix C-1: 22, "Modality.... face-to-face intervention, telephonic, or other interactive method of communication with the child/youth, family or other collateral contacts", Are these the services that can be billed for in the unit rate? | Yes, these are services that can be billed for in the unit rate. |
| 6/30/17 | Public comment email | In section Appendix C-1: 28, requires that the team hold a current national certification from MST. http://mstservices.com/ . If the child/youth's person-centered plan and/or CPST Individual person-centered plan (not created by MST provider) refers a youth that is NOT model-appropriate, can the team decline to provide MST to the youth. | Yes, a team can decline to provide MST to a youth. A referral for MST does not require the team to provide the service. |
| 7/6/17 | Public comment email | The rate established for A-CRA in the PCSC Waiver is more reflective of what the delivery of the model costs. Is there any possibility that DHHS would consider a bundled rate for A-CRA outside of the waiver? If so, how does DAODAS approach this? | Unfortunately, there is no bundled rate for Adolescent-Community Reinforcement Approach (A-CRA) at this time. Please make sure that your staff know how to refer youth who need A-CRA to the waiver. |
| 6/30/17 | Public comment letter | If the system is first come, first served, there is significant risk that many of the families who need the services will not receive them because of their lack of access to the internet, limited education, and chaotic family circumstances. Has any consideration been given to establishing some kind of way to ensure that different target groups (mental illness, autism | While your concern is valid, we are unable to apportion slots based on diagnosis or target groups. Hopefully, family service organizations will assist those families with limited resources in accessing waiver services. Also, the waiver staff is planning to have at least one parent with lived |

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| | | spectrum and substance abuse) have access to a proportional amount of slots? More sophisticated parents may apply immediately, especially since eligibility is based on child, not family, financial considerations. | experience to assist parents in accessing waiver services. |
| 6/30/17 | Public comment letter | Children and youth at the Department of Juvenile Justice (DJJ), detention centers or jails, wilderness camps, or the Department of Corrections remain eligible for Medicaid even though Medicaid cannot pay for services while they are in these facilities. They may receive coverage for services subsequent to discharge, presuming that they meet other qualification criteria and the services they need are covered by Medicaid. See CMS State Health Official Letter # 16-007, https://www.medicaid.gov/federal-policy-guidance/downloads/sho16007.pdf The waiver or implementing procedures should address how PCSC services for these children and youth can be established immediately upon release when appropriate. | Because any person can make a referral at any time for the waiver, youth in a facility can apply for the waiver. The sooner a representative or youth applies for the waiver, the sooner a plan can be developed for the youth upon release. Depending on the age and circumstances, the youth's legal guardian or parent would need to consent before the youth is enrolled in the waiver. |
| 6/30/17 | Public comment letter | We suggest including a definition or other clarification of the meaning "people who have disengaged from care". | This language has been removed. |
| 6/30/17 | Public comment letter | The proposed appeals process is unnecessary and unduly burdensome on families. Neither the state nor the federal fair hearing regulations require or provide for a reconsideration process. Federal regulations allow for a fair hearing for a claim denied or not acted upon promptly, which could include a request for services. 42 CFR 431.200(a), 42 CFR 431.206(b)(2). The state may not limit or interfere with the right to file an appeal. 42 CFR 431.221(b). In addition, families may ask for an expedited appeal in certain circumstances. 42 CFR 431.224. State regulations do not mention reconsideration, S.C. Code Reg. 126-150 et seq. If anything, because these families stay in the waiver for a fairly limited amount of time, the appeals process should be as fast as possible. | The rationale was to avoid the formal appeal process if the issue could quickly be resolved informally. Given this comment, however, the reconsideration process has been removed in an effort to further simplify the process for youth and their families. |

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| | | <p>The proposed process allows 30 days to request a reconsideration, 10 days for a decision on that request, 30 more days to request a fair hearing, and an unstated number of days for a decision on the fair hearing. This is potentially 70 days into a process that under federal regulations must be completed within 90 days of the date the appeal was filed, 42 CFR 431.244(f)(1). This timeline would be virtually impossible to comply with if a reconsideration process is included.</p> <p>The waiver document provides an internet appeal process for filing appeals, but not for filing reconsideration requests. These procedures should be consistent and allow for internet filing for both.</p> <p>The waiver provides no rationale for including the reconsideration process.</p> | |
| 6/30/17 | Public comment letter | <p>Many of the families P&A works with in the juvenile justice system could use these services, but are unlikely to know about them unless every contact in the education, social services, medical, and juvenile justice is aware of the waiver and criteria for eligibility. It is especially important to persons referring the family be able to explain the services in a culturally aware manner. The intensity and duration of these services require a long commitment from the family that needs careful explanation.</p> | <p>The High Fidelity Wraparound process is designed to be extremely family driven and culturally appropriate. The Continuum of Care offers quarterly trainings about High Fidelity Wraparound for community partners in the child welfare, juvenile justice, education, and related fields. With other state agencies, cultural competency training is ongoing through conferences, regional trainings, and webinars.</p> |
| 6/30/17 | Public comment letter | <p>Procedures will need to address how school services fit into waiver services. For example, schools must start transition planning for students with IEPs at age 13. The employment services provided under the waiver must be coordinated with school services, and for other students, with any services from Vocational Rehabilitation.</p> | <p>Employment services in the waiver are designed to complement services provided by both schools and Vocational Rehabilitation.</p> |