

**Summary of the Public Meetings and Comments for the Renewal of the
Medicaid Pervasive Developmental Disorder Waiver Program
And the Pervasive Developmental Disorder Waiver Transition Plan**

The South Carolina Department of Health and Human Services (SCDHHS) held four public meetings in the following areas:

Columbia, SC	August, 12, 2104	Charleston, SC	August 14, 2014
Florence, SC	August 19, 2014	Greenville, SC	August 21, 2014

The meetings were to provide information about the State’s intent to request a five-year renewal of the Pervasive Developmental Disorder (PDD) home and community-based waiver program, the PDD Waiver Transition plan, and the opportunity for the public to comment. The public was provided the proposed information prior to the meetings, and the proposed PDD Waiver Transition Plan was posted online for public viewing and comment. The public was also provided the opportunity to submit comments through the mail and/or e-mail.

PDD Waiver Renewal Proposal

The PDD waiver program expires December 31, 2014. The State is proposing to renew the waiver for an additional five-year period (2015-2019) with the following changes:

- Address the CMS Home and Community–Based Services Final Rule requirements;
- Modify performance measures as necessary for quality improvement;
- Modify the waiting list procedures;
- Revise reimbursement rates for EIBI services;
- Revise waiver policies to expand provider availability;
- Add Registered Behavioral Technician (RBT) as an additional qualified Early Intensive Behavioral Intervention (EIBI) line therapist.

Summary of comments and clarifications

I. PDD Waiver Renewal

A. Evaluate and revise the waiver policies to expand provider availability

- Comments about removing 50% limit on center-based services:
 - Creates a segregated setting
 - Allows more flexibility for working parents
 - Access to services in rural area still a concern
 - Establish a rate differential between clinics and home-based services

B. Add Registered Behavioral Technician (RBT) as an additional qualified Early Intensive Behavioral Intervention (EIBI) line therapist;

- Comments about RBT as a line therapist:
 - RBT as a line therapist may support changes to allow more qualified providers to serve children and families
 - RBT as a line therapist may require more training needs to be offered to providers

C. Improve the waiting list procedures

- Questions and answers about waiting list procedures:
 - What happens if a person is not Medicaid eligible? *If a person is not eligible for Medicaid there may be other services available through other resources such as the Department of Disabilities and Special Needs (DDSN).*
 - What is the impact on the wait list regarding foster children? *The wait list is set up on a first come, first served basis. DDSN reported there are a minimal amount of children in the foster system on the waiver.*
 - If child becomes Medicaid eligible while getting state services, do they move over to the waiver wait list? *No a child would not move over to the waiver wait list.*
 - Would you consider providing simple ABA training for parents to help them get started while their child is on the PDD waiting list since all evidence supports a child with autism who receives services as soon as possible have better outcomes? *Medicaid waiver services are for the participant; however, family participation is required. Once the child is enrolled in the PDD waiver the family will receive the appropriate guidance, support, and training from the EIBI professional team.*

D. Evaluate the reimbursement rates for EIBI services

- No comments

E. Enhance the performance measures as necessary for quality improvement

- No comments

F. PDD Waiver Miscellaneous

- How will the drafters of the person-centered plan coordinate with Baby Net, DDSN, and schools to ensure that services are not delivered in a segregated setting? *The waiver case manager along with the parent/legal guardian will have input in the planning process for the waiver participant and coordinate efforts to work with community supports/resources such as Baby Net, DDSN, and schools whenever necessary.*
- How will DHHS get meaningful recipient participation in ongoing planning? *The qualified waiver case manager provider will coordinate ongoing planning and monitoring of the participant centered plan with the input from the participant/family/legal guardians and other appropriate providers.*
- How will these changes affect current limits or hourly caps for services? *The renewal changes will not affect the PDD waiver cap of \$50,000/year for services as set forth by the State General Assembly.*
- Will each individual's needs be considered without limit by a flat cap? *The individual's needs are based on an individual assessment once a WCM/EI provider is chosen. The cap remains at \$50,000/year for the PDD Waiver. The State has determined through evidence based data that 40 hours a week for EIBI therapy is reasonable and does not go over the cost cap. Currently, the average utilization is 25 hours per week per child.*
- Will the name of the waiver change since the DSM V has eliminated the 'PDD' term? *The name of the waiver will remain the same.*

- Can services be expanded once a child ages out of the waiver? *The PDD Medicaid waiver services cannot be expanded once they age out of the waiver. This is due to the legislative proviso.*
- Would the definition of ASD include Asperger's considering there is the potential of a state plan service? *It was noted that a diagnosis approach could be taken into consideration or looking at services based on medical necessity instead. This is to be determined.*
- Are there services for adults with ASD? *Not through the PDD Waiver.*
- How do we get help deciding on providers since the case manager cannot provide suggestions – just the information? *DDSN is considering posting the performance ratings for all service providers (based on their performance rating system).*
- Are there other universities interested in providing ABA certificate other than USC? *Yes, Clemson University.*
- On July 7, 2014, CMS issued a new guidance letter requiring the coverage of medically necessary therapy services, including where appropriate EIBI/ABA therapy services, under the state plan for children under age 21. With that in mind, who remains to be covered by the waiver, since the state plan should allow provision of all needed services without age, dollar, or time limit? *The State is evaluating the CMS guidance.*
- ABA does a great job with the younger children, but we need to open it up to help the older population. Opening it up to 21 would be great to help my 18 year old son.
- One commenter stated he was seeking insurance benefits for parents and spouses who have to leave the workforce to care for aging or disabled family members.

II. PDD Waiver Transition Plan-Final Rule

A. General Comments

- P & A recommends that an intake, referral, and application process be set up to assist current and former PDD waiver participants, including those on the waiting list, with applying for coverage of medically necessary ABA/EIBI therapy via EPSDT Medicaid.
- P & A also recommends that, as part of the person-centered planning process, case managers and service coordinators actively assist current and former PDD waiver participants, including those on the waiting list, with applying for coverage of all medically necessary therapy services through EPSDT Medicaid.
- The State will need to coordinate information to share with the department of education and school systems about the Final Rule.
- DHHS should provide extensive training to all participants in the person-centered planning process.
- DHHS should develop a comprehensive oversight process to ensure compliance with the Final Rule. Suggestions for such a process include: unannounced visits to the person-center planning meetings to determine whether the process is truly individualized; regularly reviewing a sample of plans to determine what kinds of choices were offered to participants; and interviewing participants who have been through the planning process.
- DHHS should use the Final Rule as an opportunity to clarify the appeals process for applicants and recipients of DDSN services and members of HMOs.

- DHHS should establish criteria for professionals providing assessment of individual needs in developing the person-centered plan. Service providers should take a fresh look at each individual receiving services to consider how their access to the community could be expanded.
- The plan should clearly indicate responsibility for development of appropriate language to comply with the requirement for a legally-enforceable tenancy agreement.
- DHHS has to make attainable goals and not a plan that sets up people for failure.
- DHHS needs to break out opportunities for other state agencies “to leverage resources to bolster HCBS”.
- Will DHHS do a system assessment, looking at the regulations, policies, directives, etc. that bore the programs out there now? We want it to be flexible to allow things to look different if that is what is needed. *A systems policy review as it pertains to HCBS settings has been added to the transition plan.*
- Will there be training with the master plan? *Yes, training will be providing as it is available.*

B. Response

The guidelines regarding the waiver transition plans indicate that they must only address the HCBS rule settings requirements and how those setting requirements will be assessed and brought into compliance. Other comments will be taken under advisement as DHHS works to examine all aspects of coming into compliance with the HCBS rule.