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**SOUTH CAROLINA DEPARTMENT OF
DISABILITIES AND SPECIAL NEEDS**

PERVASIVE DEVELOPMENTAL DISORDER WAIVER/STATE FUNDED PROGRAM MANUAL

FOR

PARENTS

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Pervasive Developmental Disorder Waiver/State Funded Program Manual
For
Parents

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CHAPTER 1

PURPOSE AND PROGRAM DESCRIPTION

PURPOSE

The purpose of this document is to establish the operating procedures for the Pervasive Developmental Disorder Waiver and the Pervasive Developmental Disorder State Funded Program. The project will focus on utilizing the principles of Applied Behavior Analysis to treat children who have been diagnosed with a Pervasive Developmental Disorder to include Autistic Disorder (here in after referred to as autism) and Asperger's Syndrome.

PROGRAM DESCRIPTION

Under the Pervasive Developmental Disorder (PDD) Waiver the South Carolina Department of Disabilities and Special Needs (DDSN) will coordinate the provision of Service Coordination and Early Intensive Behavioral Intervention (EIBI) Services. EIBI services consist of assessment and behaviorally oriented treatment of children with a diagnosis of a neurological disorder under the DSM-IV category of Pervasive Developmental Disorder. EIBI services are based on an individual child's strengths and challenges and their need for a structured, individualized curriculum. Trained professionals will coordinate, implement and render the EIBI service. Providers selected by the child's parents/guardians will utilize Applied Behavior Analysis to develop the child's skills in the areas of cognition, behavior, communication and social interaction that are central to autism and Asperger's Syndrome.

Applied Behavior Analysis (ABA) is the process of systematically applying interventions to improve socially significant behaviors, and to demonstrate that the interventions employed are responsible for the improvement in behavior. Socially significant behaviors include reading, social skills, communication, and adaptive living skills. Adaptive skills include gross and fine motor skills, eating and food preparation, toileting, personal self-care, and home and community orientation.

Providers of EIBI services will have the latitude to recommend and employ various instructional methodologies used in ABA based programs such as, but not limited to, Discrete Trial Training, Errorless Teaching, Visual Communication Systems, chaining, shaping, task analysis, and Incidental Teaching.

CHAPTER 2

ELIGIBILITY CRITERIA

In order to be eligible for services through the PDD Waiver/PDD State Funded Program, children must:

1. Meet the target population criteria as follows:

    - Be ages 3 through 10 years.

    - Diagnosed with a PDD by age eight years. The diagnosis must be made by a qualified, licensed or certified diagnostician. Children who are currently eligible for DDSN under the Autism Division must meet these criteria. Diagnostic documentation must include information supporting a DSM-IV rating.

        a. For an autism diagnosis, there must be evidence of at least two of the following: Autism Diagnostic Observation Schedule (ADOS), Autism Diagnostic Interview (ADI), Social Communication Questionnaire (SCQ), or Childhood Autism Rating Scale (CARS).

        b. For an Asperger's Syndrome diagnosis there must be evidence ruling out autism using previously mentioned tools and concluding with an additional adaptive behavior scale (i.e. Vineland) and one of the following: DSM-IV Criteria Checklist/Asperger's Disorder 299.80, Asperger's Syndrome Diagnostic Scale (ASDS), Asperger's Syndrome Diagnostic Interview (ASDI) or Online Asperger's Syndrome Information and Support (OASIS).

        c. For other PDD diagnosis there must be evidence ruling out autism using previously mentioned tools and the DSM-IV Criteria Checklist/Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS) 299.80 and the Scale of Pervasive Developmental Disorder in Mentally Retarded Persons (PDD-MRS).

2. Meet Medicaid financial criteria or provide documentation of financial ineligibility for Medicaid.

3. Assure that the child meets ICF/MR Level of Care medical criteria (as determined by the DDSN Consumer Assessment Team for this program).

When gathering information on a child, the Service Coordinator should refer to the **Recipients Special Programs Overlap Table** to ensure the child is not receiving any services that would conflict with PDD Waiver services.

Children who do not meet ICF/MR Level of Care, but meet all other eligibility requirements may receive services outside the waiver through the State Funded PDD program if funding is available. However, the child and parents/guardians must comply with all other program requirements and stipulations.

To maintain eligibility for services via the PDD Waiver or the PDD State Funded Program:

1. Services must be received within 30 days of enrollment into the PDD waiver/State Funded Program.

2. The child must receive at least one waiver service each month documented in the participant's record. A participant who has not received a documented service at least monthly shall be discontinued from the waiver. Service Coordination will satisfy the requirement of a documented monthly service.

3. The Service Coordinator and, when specified, the Autism Division must receive required documentation from the EIBI provider within the timeframes identified beginning with the first month period following the initiation of service. Failure to provide this information may prevent future services. The ABA Consultant will be required to submit the following information:

    - Program Checklist: must be submitted to the Service Coordinator monthly and demonstrate/document that drills are conducted as scheduled.

    - Data reports: must be submitted to the Service Coordinator and the Autism Division quarterly and contain cumulative graphs of target areas demonstrating progress or areas of concern

    - Assessment of Basic Language and Learning Skills (ABLLS): must be submitted to the Service Coordinator and the Autism Division semi-annually per the initial assessment date

    - Peabody Picture Vocabulary Test (PPVT-IV), the Expressive Vocabulary Test (EVT-2) and Vineline Adaptive Behavioral Skills: must be submitted to the Service Coordinator and the Autism Division annually per the initial assessment date

4. Proof of progress from the initial baseline derived from the preliminary assessment tool must be provided by the EIBI provider to the child's Service Coordinator and the Autism Division every six months. Lack of progress at a six month interval will initiate a 6 month probationary period to determine appropriateness and continuation of EIBI services.

CHAPTER 3

APPLYING FOR SERVICES

Currently Eligible DDSN Consumers

If a parent/legal guardian is interested in receiving EIBI services through the PDD Waiver and his/her child is currently eligible for DDSN services, the parent/legal guardian should contact the child's Service Coordinator and request that the child go through the intake process for the PDD Waiver. The Service Coordinator will:

1. Assure the child meets the target population criteria as follows:

    - The child is age 3 through 10.

    - The child was diagnosed with a PDD by age eight. The diagnoses must have come from a licensed diagnostician. Diagnostic documentation must include information clarifying a DSM-IV rating.

    - For an autism diagnosis, there must be evidence of at least two of the following: Autism Diagnostic Observation Schedule (ADOS), Autism Diagnostic Interview (ADI), Social Communication Questionnaire (SCQ), or Childhood Autism Rating Scale (CARS).

    - For other PDD diagnosis there must be evidence ruling out autism using previously mentioned tools and the DSM-IV Criteria Checklist/Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS) 299.80 and the Scale of Pervasive Developmental Disorder in Mentally Retarded Persons (PDD-MRS).

    - Meet Medicaid financial criteria or provides documentation of financial ineligibility for Medicaid.

    - Assure that the child meets ICF/MR Level of Care medical criteria (as determined by the DDSN Consumer Assessment Team for this program).

2. If it is determined that the child meets the target population criteria, the Service Coordinator will:

    - Assist the parent/legal guardian with completing the application: **Request for PDD Waiver Slot Allocation: Cover Sheet**. This form must be signed by the parent/legal guardian.

- Complete the form **Request for ICF/MR Level of Care for the PDD Waiver** and gather all documents necessary for CAT to complete a LOC (see Level of Care Determination section for specific documents).

- Determine the parent's/legal guardian's interest in the Responsible Party Directed Care option. If the parent's/legal guardian's express an interest in serving as the Responsible Party or desire more information about this option, the Service Coordinator will give them the document **Pervasive Developmental Disorder Program Responsible Party Directed Care Enrollment Information.** When the child is awarded a slot for services, the Service Coordinator will assist the parents/legal guardians with completing all necessary forms.

Once the aforementioned tasks have been completed, a packet containing all information will be sent to the District 1 Waiver Enrollment Coordinator. When a waiver slot becomes available, the District 1 Waiver Enrollment Coordinator will forward all documents to CAT for a LOC determination. The procedures outlined in the Level of Care and Slot Allocation and Enrollment sections will then be followed. If no slot is available, the child's name will be placed on a waiting list. When slots become available, the packet of the first child's name from the waiting list will be forwarded to CAT for a LOC determination.

Non DDSN Consumers

To be considered for the PDD Waiver, children who are not consumers of DDSN must go through Screening, Intake, and Service Coordination Selection.

Screening

Screening is the process initiated by the child's parent/legal guardian via the PDD Intake and Referral Call Center. The PDD Intake and Referral Call Center serves as the single entry point for participation in the PDD Waiver for all children not currently served by DDSN. The Call Center provides the caller with a brief overview of EIBI services. A trained screener asks the caller a series of questions to help determine if the child is appropriate for a referral.

1. Families interested in receiving EIBI services must call the PDD Waiver Intake and Referral toll free number (1-888-576-4658) and leave their name and phone numbers. The screener will have 48 hours to return all calls. Calls will be returned in the order in which they were received. The date and time all calls are received and returned will be maintained in a log book by the Intake and Referral staff.

2. Upon making contact with a family, the screener will ask several questions to determine if the referral is appropriate. If responses indicate that the child may be eligible for EIBI services through the PDD Waiver, the screener will assist the parent through the intake process.

   If responses rule out eligibility, the screener will confer with the Autism Division for confirmation. If the Autism Division concurs with the screener the process will end. If this occurs, the family/legal guardian will receive from the screener, a **Notice of Denial of Services**

stating the reason for the denial. The family/legal guardian will also be informed of their right to appeal per the **SCDDSN Reconsideration Process and SCDHHS Medicaid Appeals Process**. If the Autism Division does not concur, the child will continue through the process.

Intake

Intake is the process in which specific documents are signed by the parent; records to support the applicant's diagnosis are requested, and additional information is provided to the parent about the PDD Waiver.

If the child is screened in as appropriate for PDD services, the parent/legal guardian will be guided through the intake process by the PDD Intake and Referral Screener.

1. The screener will:

    - Explain the process for applying for the PDD Waiver and EIBI services.

    - Offer a choice of Service Coordination Provider. This will be documented on the **Acknowledgement of Service Coordination Choice**. The screener will inform the parent/legal guardian of all available Service Coordination providers in their county.

    - Obtain the name, address and phone number of the child's physicians, teachers, and any other service providers. This information will be used to complete the **Authorization for Release of Information** forms so the child's records can be obtained.

    - Assist the family with applying for Medicaid eligibility if the child is not a current recipient.

2. The screener will have three (3) working days to mail the family a packet that includes, a self-addressed stamped envelop, and the following documents:

    - A letter explaining the enclosed packet.

    - The **Acknowledgement of Service Coordination Choice** along with a list of SC providers for that county.

    - A separate **Authorization for Release of Information** for each entity.

    - The **Pervasive Developmental Disorder Waiver Information Sheet**.

    - The **Pervasive Developmental Disorder Program Fact Sheet**.

3. After reviewing the information, the parent/legal guardian must sign the **Acknowledgement of Service Coordination Choice** and all **Authorization for Release of Information** forms. These documents must be returned to the screener for the process to continue.

4. When the completed documents are received from the parent/legal guardian, the screener will:

- Date stamp all documents.
- Review all documents to assure they have been completed, signed and dated.
- Contact the parent/legal guardian if information is missing or additional information is needed.
- Mail the **Records Request Letter** and release forms to the appropriate professional/provider.

5. Once all requested information has been received from the various professionals/providers who have served the child, the screener will date stamp all documents and conduct a thorough review of all documentation to determine if the records support the Pervasive Developmental Disorder.

    - If records support that the child has autism or a Pervasive Developmental Disorder other than autism, the screener will have five working days to forward to the Service Coordination provider of choice all documents pertaining to the child including a form indicating the presence of autism or the presence of a Pervasive Developmental Disorder.
    - If no records are available or if records are available but insufficient to support that the child has autism or a PDD other than autism, the screener will have five working days to forward to the Service Coordination provider of choice all documents pertaining to the child including the **Recommendation for Evaluation** form recommending an evaluation from the Autism Division or another diagnostic entity.
    - If records do not support that the child has autism or a PDD other than autism, the screener will have three working days to confer with the Autism Division for confirmation. If the Autism Division concurs with the screener the process will end. If this occurs, the parent/legal guardian receive a **Notice of Denial of Services** stating the reason for the denial. The family/legal guardian will also be informed of their right to appeal per the **SCDDSN Reconsideration Process and SCDHHS Medicaid Appeals Process**. If the Autism Division does not concur, the child will continue through the process.

<u>Service Coordination</u>

All families will have an opportunity to select a Service Coordination Provider of their choice. The Service Coordinator will assist the family in obtaining EIBI services. Each DSN Board and private Service Coordination provider will designate a specific person to receive information from the PDD Intake and Referral Call Center screener. When the designee receives information, they will complete a record of contact with the date and time the information was received. It will be at the discretion of the provider to assign a specific Service Coordinator. This assignment must be made within three days of receipt of the information from the Intake and Referral Call Center.

Information received from the PDD Intake and Referral Call Center will dictate the specific actions of the Service Coordinator.

1. Autism or Other PDD Supported by Records

   If it was determined by the PDD Intake and Referral Call Center that the child has autism or a PDD other than autism, the Service Coordinator will:

   - Explain the **Service Agreement** to the parent/legal guardian and have them sign the form.

   - Explain the **Request for PDD Waiver Slot Allocation: Cover Sheet** to the parent/legal guardian and have them sign the form.

   - Gather all documents necessary for CAT to complete a LOC (see Level of Care Determination section for specific documents).

   - Complete the **Request for ICF/MR Level of Care for the PDD Waiver**.

   - Send a packet containing all information to the District 1 Waiver Enrollment Coordinator. When a waiver slot becomes available, the District 1 Waiver Enrollment Coordinator will forward all documents to CAT for a LOC determination. The procedures outlined in the Level of Care and Slot Allocation and Enrollment sections will then be followed. If no slot is available, the child's name will be placed on a waiting list. If the child is placed on the waiting list, the District 1 Waiver Enrollment Coordinator will notify the family and Service Coordinator by letter. When slots become available, the packet of the first child's name from the waiting list will be forwarded to CAT for a LOC determination.

   - Determine the parent's/legal guardian's interest in the Responsible Party Directed Care option. If the parent's/legal guardian's express an interest in serving as the Responsible Party or desire more information about this option, the Service Coordinator will give them the document **Pervasive Developmental Disorder Program Responsible Party Directed Care Enrollment Information.** When the child is awarded a slot for services, the Service Coordinator will assist the parents/legal guardians with completing all necessary forms.

2. No Records Available or Records are Insufficient

   If there were no records or the records were insufficient for the Intake and Referral Call Center to make a determination, the Service Coordinator will:

   - Explain the **Service Agreement** to the parent/legal guardian and have them sign the form.

   - Make a referral to have the child evaluated at an Autism Division CARE Center or other diagnostic entity of the parent/legal guardian's choice. The results of the

evaluation will be shared with the Service Coordinator if the parents have consented by signature. If it is determined that the child does not have autism or another PDD, the process will end. If this occurs, the parent/legal guardian will be informed of their right to appeal per the **SCDDSN Reconsideration Process and SCDHHS Medicaid Appeals Process**. If it is determined that the child has autism or another PDD, the Service Coordinator will:

a. Explain the **Request for PDD Waiver Slot Allocation: Cover Sheet** to the parent/legal guardian and have them sign the form.

b. Gather all documents necessary for CAT to complete a LOC (see Level of Care Determination section for specific documents).

c. Complete the **Request for ICF/MR Level of Care for the PDD Waiver**.

d. Send a packet containing all information to the District 1 Waiver Enrollment Coordinator. When a waiver slot becomes available, the District 1 Waiver Enrollment Coordinator will forward all documents to CAT for a LOC determination. The procedures outlined in the Level of Care and Slot Allocation and Enrollment sections will then be followed. If no slot is available, the child's name will be placed on a waiting list. If the child is placed on the waiting list, the District 1 Waiver Enrollment Coordinator will notify the family and Service Coordinator by letter. When slots become available, the packet of the first child's name from the waiting list will be forwarded to CAT for a LOC determination.

e. Determine the parent's/legal guardian's interest in the Responsible Party Directed Care option. If the parent's/legal guardian's express an interest in serving as the Responsible Party or desire more information about this option, the Service Coordinator will give them the document **Pervasive Developmental Disorder Program Responsible Party Directed Care Enrollment Information.** When the child is awarded a slot for services, the Service Coordinator will assist the parents/legal guardians with completing all necessary forms.

Level of Care Determination

The Level of Care process is identical for current consumers and consumers who apply for services through the PDD Call Center. Once the Consumer Assessment Team has completed the ICF/MR Level of Care determination for PDD Program participation, all relevant records will be forwarded to the District 1 Waiver Enrollment Coordinator. The District 1 Waiver Enrollment Coordinator will review all applications to determine if applicants meet the criteria for enrollment in the PDD Waiver or if they will receive services through the PDD State Funded Program.

The Consumer Assessment Team will make both the initial and annual determination of ICF/MR Level of Care for PDD Program waiver enrollment.

A. Initial Level of Care Determination

1. The initial LOC determination is requested by completing the **Request for ICF MR/RD Level of Care for the PDD Waiver** and forwarding records that support this Level of Care along with the **Request for PDD Waiver Slot Allocation: Cover Sheet** to the District 1 Waiver Enrollment Coordinator located at Whitten Center. When a slot for PDD services is available, the District 1 Waiver Enrollment Coordinator will forward these records to the Consumer Assessment Team for completion of LOC. To be considered, the LOC packet must include:

    - Formal psychological evaluation(s) that includes cognitive and adaptive scores that support a diagnosis of mental retardation or a related disability.

    - Documentation that confirms a diagnosis of autism, PDD-NOS or Asperger's syndrome (e.g. a report from an SCDDSN Autism Division CARE Center, or a licensed diagnostician. The diagnostic documentation must include information clarifying a DSM-IV rating).

    - Current Single Plan, SC Annual Assessment and Support Plan, Individualized Family Service Plan or Family Service Plan.

    - DDSN Eligibility determination paperwork, if applicable.

    - A current social update (within one year) signed and dated by all required parties that includes information pertaining to:

        a. Daily living and other adaptive functioning;

        b. Behavior/emotional functioning; and/or

        c. Medical and related health needs.

2. If behavioral issues are referenced in the consumer's current Plan, the packet should include a current signed and dated BSP or other supporting documentation that outlines and clarifies the nature and severity of any referenced behavioral issues. This information may also be submitted in the form of a SC Social Update and should address any verbal abuse, self-abuse, physical aggression towards others or property destruction, if applicable.

3. After review, the Consumer Assessment Team may return the request to the Service Coordinator and request that the potential waiver recipient be tested by a SCDDSN approved provider psychologist. The Consumer Assessment Team may also request additional records or reports prior to completing the **Level of Care Determination for ICF/MR**.

4. When the Level of Care determination has been made, the Consumer Assessment Team will certify that the person does or does not meet ICF/MR Level of Care. This is done by completing the **SCDDSN Level of Care Certification Letter** and mailing the completed letter, with the procedure for appeals printed on the reverse side, to the applicant or his/her family or guardian, and a copy to the Service Coordinator. In addition to the **SCDDSN Level of Care Certification Letter,** the Service Coordinator will receive the **Level of Care Determination for ICF/MR** and the **Level of Care Staffing Report** that have been used by the Consumer Assessment Team to determine whether or not ICF/MR Level of Care was met. These forms along with the Certification Letter should be kept in the recipient's file (this information must remain in the file and NEVER be purged).

B. Annual Level of Care Determination

1. The Annual LOC determination is requested by completing the **Request for ICF MR/RD Level of Care: PDD Waiver** and forwarding records that support this Level of Care to the Consumer Assessment Team located at the District One office (8301 Farrow Road; Columbia, SC 29203-3294). The Annual LOC request should be received by the Consumer Assessment Team at least six weeks prior to the LOC Expiration Date. The Annual LOC packet must include the same components as above.

Slot Allocation and Enrollment

The District 1 Waiver Enrollment Coordinator will review all applications to determine if applicants meet the criteria for enrollment in the PDD Waiver or if they will receive services through the PDD State Funded Program.

1. For those who meet LOC

- The District 1 Waiver Enrollment Coordinator will:

  a. Time and date stamp the child's application when it is received from CAT.

  b. Review the application and Level of Care determination to assure all criteria for the PDD Waiver are met. This review will be completed within 10 working days of the time and date stamp. If the child meets all criteria for enrollment into the PDD Waiver and a slot is available, the District 1 Waiver Enrollment Coordinator will complete a **PDD Waiver Notice of Slot Allotment** and forward it to the Waiver Enrollment Coordinator.

- The Waiver Enrollment Coordinator will add the child to the Waiver Tracking System (WTS) and forward the **PDD Waiver Notice of Slot Allotment** to the Service Coordinator.

- The Service Coordinator will:

a. Update the child's Service Plan within 45 days of receiving the **PDD Waiver Notice of Slot Allotment.**

b. Explain the **PDD Waiver Freedom of Choice** and the **PDD Waiver Acknowledgement of Rights and Responsibilities** forms and have the parent/legal guardian sign the appropriate documents. The **PDD Waiver Acknowledgement of Rights and Responsibilities** must be completed annually.

c. Send a copy of the **PDD Waiver Freedom of Choice** to the Waiver Enrollment Coordinator. Once all documentation is received the Waiver Enrollment Coordinator will process the enrollment.

d. Monitor the WTS for verification that child has been enrolled. Once the WTS indicates the child is enrolled, the Service Coordinator can request services and develop the budget approval process.

2. For those who do not meet LOC

- The District 1 Waiver Enrollment Coordinator will:

  a. Time and date stamp the child's application when it is received from CAT.

  b. If the child meets all age and diagnostic criteria for participation in the PDD Waiver but does not meet Level of Care and/or Medicaid financial eligibility criteria, the child will be awarded a PDD state funded slot if one is available. The District 1 Waiver Coordinator will complete a **PDD State Funded Program Notice of Slot Allotment** and forward it to the Waiver Enrollment Coordinator.

- The Waiver Enrollment Coordinator will add the child to the Waiver Tracking System and forward the **PDD State Funded Program Notice of Slot Allotment** to the Service Coordinator.

- The Service Coordinator will:

  a. Update the child's Service Plan within 45 days of receiving the **PDD State Funded Program Notice of Slot Allotment**.

  b. Explain the **PDD State Funded Program Acknowledgement of Rights and Responsibilities** and have the parent/legal guardian sign the appropriate documents. The **PDD State Funded Program Acknowledgement of Rights and Responsibilities** must be completed annually.

3. Once the child is enrolled, their case must be managed by a Service Coordinator rather than an Early Interventionists. The Service Coordinator will:

    - Provide the parent/legal guardian with written information concerning the department's abuse and neglect policy.

    - Provide the parent/legal guardian with information on selecting an EIBI provider of their choice. Once the selection is made, the budget will be initiated.

CHAPTER 4

RECEIVING SERVICES

Children diagnosed with a Pervasive Developmental Disorder can receive EIBI services through the PDD Waiver Program or the PDD State Funded Program.

PDD Waiver Program

If a child meets the target population criteria (i.e. be ages 3 through 10 years, diagnosed with a PDD by age eight years, meet Medicaid financial criteria or provide documentation of financial ineligibility for Medicaid, and meets ICF/MR Level of Care medical criteria as determined by the DDSN Consumer Assessment Team for this program), the child may be enrolled in the PDD Waiver Program to receive EIBI services if funding is available. Once enrollment has been verified, the following should occur:

1. The Service Coordination Supervisor will authorize Case Management by completing the **Authorization for PDD Waiver Case Management Services**.

2. The Service Coordinator will:

    - Complete the Case Management line item on the **Budget Spreadsheet for PDD Waiver Services** by entering the appropriate number of units of Case Management in the provided space under Budgeted Approved Total Units.

    - Provide the parent/legal guardian with information on all EIBI qualified providers working in the parent/legal guardian's area.

    - Provide the parent/legal guardian with information on the Responsible Party option.

3. Once the parent/legal guardian has selected an EIBI provider, the Service Coordinator will determine if the child needs a Full EIBI Assessment, a Partial EIBI Assessment, or if the child has a current assessment that can be used by the provider.

    If the child has an assessment that is less than three (3) months old, the Service Coordinator will forward a copy of the assessment to the District Autism Staff. The District Autism Staff will determine if the assessment can be used by the provider or if a partial assessment is needed. Once the determination is made, the District Autism Staff will inform the child's Service Coordinator so the child's Service Plan and budget can be updated appropriately as outlined below.

    - If the child has not had an EIBI assessment or needs a partial assessment, the Service Coordinator will:

        a. Update the child's Service Plan to include the need for an EIBI Assessment.

b. Update the child's **Budget Spreadsheet for PDD Waiver Services** by completing the EIBI Assessment section.

c. Authorize the full or partial assessment by completing the Annual Assessment portion of the **Authorization for EIBI PDD Waiver Services**. Once completed this document must be faxed to SCDDSN Central Office - Cost Analysis Division and the EIBI provider selected by the parent/legal guardian. The assessment should be completed in a timely manner. During their monthly contact, if the Service Coordinator does not see evidence of progress towards completion of the assessment, the Service Coordinator will inform the family of other EIBI providers and, suggest that the family consider selecting another provider who can render the service more quickly.

- Once the assessment is completed, the provider will send a copy to the child's Service Coordinator and the District Autism Staff.

- The Service Coordinator will update the **Budget Spreadsheet for PDD Waiver Services** and e-mail it to the District Autism Staff. This budget should reflect the units for Case Management and the EIBI assessment.

- The District Autism Staff will have five (5) working days to:

  a. Review the assessment and determine the number of Line Therapy hours that will be authorized for EIBI services.

  b. Update the child's **Budget Spreadsheet for PDD Waiver Services**

  c. E-mail the updated budget to the child's Service Coordinator and DDSN Cost Analysis.

- Once the Service Coordinator receives the child's budget from the District Autism Staff indicating the number of Line Therapy hours, the Service Coordinator will have five (5) working days to:

  a. Authorize Plan Implementation, EIBI Lead Therapy and EIBI Line Therapy for the child by completing the corresponding portions of the **Authorization for EIBI PDD Waiver Services**. Once completed this document must be faxed to DDSN Cost Analysis and the EIBI provider selected by the parent/legal guardian.

  b. Update the child's Service Plan to reflect EIBI services.

- The Service Coordinator will be responsible for monitoring the EIBI services provided as stipulated in Chapter 8, Case Manager Responsibilities.

- To receive payment for PDD Waiver EIBI services, EIBI service providers will maintain documentation of services and bill South Carolina Medicaid as per established

billing procedures. The provider may use the **Early Intensive Behavioral Intervention Service Reporting Document** to document services being direct billed to South Carolina Medicaid.

- If the parent/legal guardian chooses the Responsible Party option, the Service Coordinator will provide them with all necessary forms as outlined in Chapter 9, the Responsible Party chapter of this manual.

PDD State Funded Program

If a child does not meet ICF/MR Level of Care, but meets all other eligibility requirements, the child may be enrolled in the PDD State Funded Program to receive EIBI services if funding is available. Once enrollment has been verified, the following should occur.

1. The Service Coordinator will:

    - Complete the **Budget Spreadsheet for PDD State Funded Program Services** by entering the appropriate number of units of Case Management in the provided space under Budgeted Approved Total Units. No service authorization is necessary for children enrolled in the PDD State Funded Program. Case Management for children enrolled in the PDD State Funded Program is regular Targeted Case Management. The Service Coordination Provider will be paid through the current Non-Capitated Service Coordination or the QPL payment process. Service Coordinators will report Service Coordination services through the regular automated Service Provision Logs (SPL's).

    - Provide the parent/legal guardian with information on all EIBI qualified providers working in the parent/legal guardian's area.

    - Provide the parent/legal guardian with information on the Responsible Party option.

2. Once the parent/legal guardian has selected an EIBI provider, the Service Coordinator will determine if the child needs a Full EIBI Assessment, a Partial EIBI Assessment, or if the child has a current assessment that can be used by the provider.

    If the child has an assessment that is less than three (3) months old, the Service Coordinator will forward a copy of the assessment to the District Autism Staff. The District Autism Staff will determine if the assessment can be used by the provider or if a partial assessment is needed. Once the determination is made, the District Autism Staff will inform the child's Service Coordinator so the child's Service Plan and budget can be updated appropriately as outlined below.

    - If the child has not had an EIBI assessment or needs a partial assessment, the Service Coordinator will:

        a. Update the child's Service Plan to include the need for an EIBI Assessment.

b. Update the child's **Budget Spreadsheet for PDD State Funded Program Services** by completing the EIBI Assessment section.

c. Authorize a full assessment by completing the Annual Assessment portion of the **Authorization for EIBI PDD State Funded Program Services**. Once completed this document must be faxed to DDSN Cost Analysis and the EIBI provider selected by the parent/legal guardian. Providers should complete the assessment in a timely manner. During their monthly contact, if the Service Coordinator does not see evidence of progress towards completion of the assessment, the Service Coordinator will inform the family of other EIBI providers and, suggest that the family consider selecting another provider who can render the service more quickly.

- Once the assessment is completed, the provider will send a copy to the child's Service Coordinator and the District Autism Staff.

- The Service Coordinator will forward **Budget Spreadsheet for PDD State Funded Program Services** to the District Autism Staff.

- The District Autism Staff will have five (5) working days to:

  a. Review the assessment and determine the number of Line Therapy hours that will be authorized for EIBI services.

  b. Update the child's **Budget Spreadsheet for PDD State Funded Program Services.**

  c. E-mail a copy of the updated budget to the child's Service Coordinator and DDSN Cost Analysis.

- Once the Service Coordinator receives the child's budget from the District Autism Staff indicating the number of Line Therapy hours, the Service Coordinator will have five (5) working days to authorize Plan Implementation, EIBI Lead Therapy and EIBI Line Therapy for the child by completing the corresponding portions of the **Authorization for EIBI PDD State Funded Program Services.** Once completed this document must be faxed to DDSN Cost Analysis and the EIBI provider selected by the parent/legal guardian.

- The Service Coordinator will be responsible for monitoring the EIBI services provided as stipulated in Chapter 10, Case Manager Responsibilities.

- To receive payment for State Funded EIBI services, EIBI service providers will send invoices (invoiced to SCDDSN) along with the **Early Intensive Behavioral Intervention Service Reporting Document** to SCDDSN Central Office – Cost Analysis Division and the Service Coordinator.

- The Cost Analysis Division will process payment directly to the EIBI service provider and update the manual PDD State Funded Program tracking system as to delivered service units.

PDD Program Renewal

If, at the end of their initial year of receiving services through the PDD Program, a child continues to meet the criteria for participation in the program, it will be the Service Coordinator's responsibility to complete the necessary documents for the child to continue receiving PDD services. The procedures followed and the forms used for the initial authorization of services should also be used for subsequent authorizations.

As indicated in Chapter Four under Level of Care Determination, the Consumer Assessment Team must complete the annual LOC for PDD Program participants. The Annual LOC request should be received by the Consumer Assessment Team at least six weeks prior to the LOC Expiration Date.

Disenrollment

It will be necessary to disenroll children from the PDD Program for various reasons. In all cases, a Notice of Disenrollment must be completed. For waiver recipients use the **PDD Waiver Notice of Disenrollment** and for non waiver recipients use the **PDD State Funded Notice of Disenrollment.**

When disenrolling a child, the Service Coordinator/Early Interventionist must complete the appropriate Notice of Disenrollment by entering the basic identifying information and checking the box that corresponds with the reason for disenrollment. The effective date of disenrollment will be ten (10) calendar days from the date that the form is completed (e.g. the Service Coordinator/Early Interventionist completes the form on December 2nd means the effective date of disenrollment would be December 12th). Once the form is completed, the following should occur:

- For children in the PDD Waiver: the original **PDD Waiver Notice of Disenrollment**, including the **SCDDSN Reconsideration Process and SCDHHS Medicaid Appeals Process** must be sent to the child's parent/legal guardian/Responsible Party. Copies must be sent to the Waiver Enrollments Coordinator, the Regional DHHS Medicaid Eligibility Worker, Debra Leopard in Cost Analysis, and a copy maintained in the child's file.

- For children in the PDD State Funded Program: the original **PDD State Funded Notice of Disenrollment,** including the **PDD State Funded Program Reconsideration/Appeals Process** must be sent to the child's parent/legal guardian/Responsible Party. Copies must be sent to the Waiver Enrollments Coordinator, Debra Leopard in Cost Analysis, and a copy maintained in the child's file.

  The following reasons do not require a ten (10) calendar day notice:

  - Loss of Medicaid eligibility
  - Death

- Recipient moves out of state
- Recipient is admitted to an ICF/MR or Nursing Facility
- Recipient has been in a hospital/nursing facility in excess of thirty (30) consecutive days

Termination of EIBI Services

If EIBI services are terminated for reasons other than at the request of the child's parent/legal guardian/Responsible Party, the child's parent/legal guardian/Responsible Party must be given written notice to include the details regarding the termination of services, allowance for appeal/reconsideration, and a ten (10) calendar day waiting period before proceeding with the termination (when applicable). The child's parent/legal guardian/Responsible Party will be provided an opportunity for a fair hearing prior to any action being taken.

If the child's services are scheduled to be terminated, the Service Coordinator/Early Interventionist is responsible for completing the appropriate Notice of Termination of Service**.** The services that are scheduled to be terminated should be indicated on the form along with the reason and comments to support that reason. The effective date for termination will be ten (10) calendar days from the date that the form is completed, which allows the parent/legal guardian/Responsible Party ten (10) calendar days notice prior to termination of the service and the opportunity to appeal that decision prior to termination. If the child's parent/legal guardian/Responsible Party appeals the decision within 10 days of the notification, then the parent/legal guardian/Responsible Party may choose to have the services uninterrupted while awaiting the outcome of the appeal. However, if the appeal is upheld, then the parent/legal guardian/Responsible Party will be liable for payment of those services.

Once the form is completed, the following should occur:

- For PDD Waiver recipients: the original **PDD Waiver Notice of Termination of Services**, including the **SCDDSN Reconsideration Process and SCDHHS Medicaid Appeals Process** must be sent to the recipient's parent/legal guardian/Responsible Party. Copies must be sent to the Waiver Enrollments Coordinator, Debra Leopard in Cost Analysis, the District Autism staff, and a copy maintained in the recipient's file.

- For PDD State Funded recipients: the original **PDD State Funded Program Notice of Termination of Services,** including the **PDD State Funded Program Reconsideration/Appeals Process** must be sent to the recipient's parent/legal guardian/Responsible Party. Copies must be sent to the Waiver Enrollments Coordinator, Debra Leopard in Cost Analysis, the District Autism staff, and a copy maintained in the recipient's file.

The following reasons do not require a ten (10) calendar day notice:

- Loss of Medicaid eligibility
- Death
- Recipient moves out of state
- Recipient is admitted to an ICF/MR or Nursing Facility
- Recipient has been in a hospital/nursing facility in excess of thirty (30) consecutive days

If the child's parent/legal guardian/Responsible Party desire to change EIBI providers, they may request that services with the current provider be terminated. If this occurs, services with the current provider must be terminated using the appropriate form. A copy of this document must be sent to the Waiver Enrollment Coordinator, Debra Leopard in Cost Analysis, the District Autism staff, and a copy maintained in the recipient's file. Appeals information is not necessary when terminations are requested by parents. Once a new provider is selected by the child's parent/legal guardian/Responsible Party, the Service Coordinator should re-authorize services using the appropriate forms and authorization process.

Non-Signature Declinations

There maybe occasions when a PDD case requires closure (e.g. family moved out-of-state, parent/legal guardian has been non-responsive), but the Service Coordinator or Early Interventionist is unable to obtain the signature of the child's parent/legal guardian. Before the PDD Waiver Enrollment Coordinator will close the case, the child's SC/EI should assure that the following has occurred:

- The child's case file contains specific dates when the SC/EI tried to contact the family. Notes should indicate if a message was left or a conversation with the parent took place. The SC/EI should ensure that calls are made on multiple days at varying times and during times the file indicate someone would typically be at home.

- After several telephonic correspondences to no avail, the child's record should reflect that a certified, return receipt letter was sent. The content of the letter should clearly explain what issues need to be resolved. A copy of this letter should be in the child's file.

- If, after the above attempts, there is no response from the parent, the SC/EI should send a second certified, return receipt letter clearly explaining what issues need to be resolved, a copy of the appropriate appeals process, and a statement that the case will be closed in the next 10 (ten) days if no appropriate response is received.

If the above steps have been taken, the **Statement of Individual Declining Waiver Services** can be processed without a parent/legal guardian signature.

CHAPTER 5

WAITING LIST

1. PDD slots will be authorized by the DDSN Waiver Enrollment Coordinator on a first-come-first-served basis after:

    - All required documents (as identified in chapter 4) have been completed by the child's parents and Service Coordinator and submitted to the DDSN Waiver Enrollment Coordinator

    - It has been determined that the child has met all the required criteria necessary to receive services through the waiver or with all state dollars.

2. The number of qualified children who may be served through the waiver shall be limited only by the availability of funds to pay for the approved services and the waiver cap.

3. Applicants who are determined eligible for PDD services that can not be served due to the non availability of funding or waiver cap shall be eligible for placement on a waiting list maintained by DDSN.

4. The date and time all information is received by the DDSN Waiver Enrollment Coordinator shall be used to establish the order of an applicant's place on the waiting list.

5. Once funds become available for PDD services, the DDSN Waiver Enrollment Coordinator will:

    - Assure the Case Manager updates all forms and documents.

    - Reassess for target population criteria.

    - Send the file to CAT for a Level of Care Determination.

6. Applicants who are determined not eligible for PDD services will be notified in writing to include appeal procedures.

CHAPTER 6

SERVICE REQUIREMENTS/LIMITATIONS/EXCLUSIONS

1. Only those EIBI services described in this document will be reimbursable using PDD funds.

2. Medicaid reimbursement is made only for direct services. The costs associated with travel/travel time are not allowed.

3. All EIBI interventions funded through the PDD Program must be directly related to the child's therapeutic goals that are based on the child's diagnosis of PDD to include autism and Asperger's Syndrome. The EIBI provider must have sufficient documentation to clearly define progress made / lack of progress and the reasons why, for each waiver participant. Documentation must be conclusive and detailed. The absence of such documentation could result in recoupment. The Medicaid Agency is the final authority for such determinations.

4. EIBI services rendered during a time when a waiver participant's Level of Care Determination has expired or is otherwise invalid are not reimbursable by the Medicaid Agency.

5. EIBI services rendered prior to the development of an approved PDD waiver plan of service, provided when a plan of service has expired or provided when the EIBI service is not listed as a need on the waiver plan of service, are not reimbursable by the Medicaid Agency.

6. This waiver will permit behaviorally-based therapy models consistent with best practices that are research based and peer reviewed.

7. The EIBI service is limited to children who have been diagnosed with a pervasive developmental disorder as defined in the most recent addition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association and who meet the ICF-MR level of care criteria. In order to accept a qualified diagnosis from a licensed or certified diagnostician there must be conclusive written documentation in the individual's file which provides a detailed report of the assessments and evaluations leading to the diagnosis, the diagnostic tools used to reach the diagnosis, and any other narrative, tests, and medical reports used by the diagnostician to render his/her diagnosis of the child.

8. Services are limited to three years, either contiguous or intermittent, and are available to children ages three through ten with a confirmed diagnosis by the child's eight birthday. Children must be at least three years of age before application is made for PDD services and services must be completed before the child reaches his or her 11th birthday.

9. Waiver applicants will be admitted to the waiver after they meet all criteria for enrollment contingent upon available funding and waiver slots. If there are not sufficient slots for all applicants, applicants will be admitted based upon the date of their application.

10. The annual cost of benefits per child shall not exceed $50,000 or available funds, whichever is less.

11. The level of service (i.e. the number of hours per week) each child receives is based on a DDSN review of relevant assessments, documentation and instructional environments. The agency will make the final determination on the number of service hours each child receives. However, if a child's condition changes (e.g. no progress being made, new aberrant behavior is noted) and can be supported by documentation, the Service Coordinator can submit a request for an increase in service hours, not to exceed the maximum service limits specified in the PDD Waiver.

12. Children will receive no more than eight hours of line therapy per day.

13. Therapy hours that are missed during a week shall not "roll over" or be carried forward as a balance to be used the following week or at any time in the future.

14. Services may be delivered in the child's relevant natural environments which may include but are not limited to the child's home or community locations directly related to the child's therapeutic goals. Delivery of these services may be deemed appropriate by the child's team based on the child's strengths and challenges. However, at no time will services be rendered where or when educational services are being provided. The Consultant may visit with the child's teacher to ensure continuity between the child's plan at school and at home. However, the Consultant may not observe or interact with the child during school hours. Such visits are contingent upon the approval of local school authorities.

15. The Pervasive Developmental Disorder Program was funded and approved based on the concept of intensive in-home intervention. Children can not receive EIBI services exclusively in a clinic setting.

    - At least 50% of the child's therapy must be in the home setting. The remaining services may be provided in a clinic setting or in the community (e.g. a park or restaurant).

    - In all settings, each child must have their own Line Therapist (i.e. the ratio must be 1:1). In addition, Coordinators and Lead Therapists may not work simultaneously with more than one child.

16. The therapeutic goals must be implemented on a face-to-face basis with the child. Parents or guardians are required to be present at team meetings and workshop sessions and must be trained in all therapeutic procedures and be active contributors to their child's program to carry over and reinforce targeted behaviors and skill learning. The parents or guardians must meet with the Line Therapy supervisor weekly. Some providers may require that a parent or responsible party be on site during therapy sessions.

17. Once children have had three years of intensive services, or at such time that they are not making progress towards identified goals, recommendations will be made to other home and community based services. There may be circumstances that prevent immediate receipt of these services (e.g. waiting lists or unavailability of funds).

18. The use of PDD waiver services is exclusive of the other home and community-based waiver services. Children can participate in only one South Carolina home and community based Medicaid waiver program at a time. Each waiver program managed by DDSN maintains a separate list and waiver slots are awarded based on the child's position on that service list.

19. In an effort to maximize utilization of dollars and serve more children:

    - Children in the PDD State Funded Program cannot receive other DDSN services (i.e. respite, summer service funds) or waivers.

    - Children who meet Medicaid criteria will be expected to participate in the waiver if all other required criteria are met. No children who meet the Medicaid criteria can participate in the PDD State Funded Program, unless funding is available AND no waiver slots are available.

    - All participants in the PDD State Funded Program must be ruled ineligible for Medicaid or not meet ICF/MR Level of Care prior to receiving services through the PDD State Funded Program.

20. Parents/legal guardians reserve the right to choose their child's EIBI provider. However, a change in service providers does not mean that additional assessments will be authorized.

21. While family members/relatives can be hired as Line Therapists, state Medicaid Policy does not allow the following family members/relatives to be paid for providing care or services to Medicaid recipients under any circumstances:

    - A parent of a minor Medicaid recipient

    - A step parent of a Medicaid recipient

    - A foster parent of a Medicaid recipient

    - Any other legally responsible guardian of a Medicaid recipient

22. The South Carolina Department of Disabilities and Special Needs require a supervising entity (i.e. EIBI Consultant) to be physically located in South Carolina or within the 25 mile radius of the South Carolina border.

23. The use of restraints by EIBI providers is explicitly prohibited.

CHAPTER 7

RESPONSIBLE PARTY DIRECTED CARE

At the time the Service Coordinator is assisting the parent/legal guardian with applying for EIBI services through the PDD Program, the Service Coordinator will determine the parent's/legal guardian's interest in the Responsible Party Directed Care option. If a parent/legal guardian expresses an interest in serving as the Responsible Party, the Service Coordinator will give them the document **Pervasive Developmental Disorder Program Responsible Party Directed Care Enrollment Information** and, document this decision in the child's record. Once the child is awarded a slot in the PDD Program, the Service Coordinator will take the parents through the Responsible Party Enrollment Process. If a parent/legal guardian desires more information about this option, the Service Coordinator will give them the document **Pervasive Developmental Disorder Program Responsible Party Directed Care Enrollment Information.** The parents/legal guardians will be encouraged to contact the Service Coordinator if they decide to serve as the Responsible Party.

Participant-Direction of Services

The Pervasive Developmental Disorder (PDD) Program offers the participant's parent/legal guardian the opportunity to direct the participant's services with employer authority. Because all participants in the PDD Program will be minors, a Responsible Party (i.e. a parent or legal guardian) must be identified to act on behalf of the child participating in the PDD Program. Having employer authority means the Responsible Party has decision-making authority over the Line Therapists who provide Early Intensive Behavioral Intervention (EIBI) services.

Responsible Party Enrollment

A parent/legal guardian who desires to act in the capacity of Responsible Party must complete the Responsible Party Enrollment Process prior to assuming any duties. Once all required documentation is received by the Jasper County Board of Disabilities and Special Needs, it will take approximately 3 to 5 working days to complete enrollment. The enrollment process includes the following provisions:

- Pre-Screening Assessment: The child's Service Coordinator is required to complete the **PDD Program Pre-Screening Assessment of Responsible Party** for any parent/legal guardian interested in serving as a Responsible Party. Those serving in the capacity of Responsible Party must have no communication or cognitive deficits that would interfere with their representation of the child participating in the PDD Program. The parent/legal guardian must meet the requirements set forth in the Pre-Screening Assessment to serve as the child's Responsible Party.

- Completion of the Responsible Party Enrollment Packet: The Service Coordinator will assist the parent/legal guardian with completing all forms identified under the Responsible Party section of the **Checklist of Items Needed for PDD Program Responsible Party-Direction of**

Services and, assure that the below documents are obtained. Once all information is gathered, the Service Coordinator will forward all documents to the Jasper County Board of Disabilities and Special Needs.

1. **SS-4 Application for Employer Identification Number**

2. **8821 Tax Information Authorization**

3. **2678 Employer Appointment of Agent**

4. **PDD Program Responsible Party Information Sheet**

5. Current PDD Program budget authorizing number of units approved **(Will not be available until Initial Assessment has been completed)**

6. Copy of Federal Identification Number once assigned **(This information will be provided later)**

The parents/legal guardians who are screened in and agree to act as the Responsible Party will be required to fulfill the following duties:

- Recruit Line Therapists: this may be accomplished by seeking referrals from family and friends, advertising in the local news paper, posting notices at church, asking the EIBI provider, etc.

- Verify Line Therapists qualifications: utilize the **PDD Program Line Therapist Qualifications Checklist** as a guide to what information the Line Therapist must submit to the Responsible Party to document their qualifications and, what information the Responsible Party must obtain from other entities (i.e. SLED and DSS) prior to the Therapist being hired. Once the Responsible Party gathers this information, it will be submitted to the Service Coordinator who will check the information for accuracy and completeness and, forward it to Jasper County Board of Disabilities and Special Needs who is the Financial Management Services provider for the PDD Program Responsible Party-Direction of Services. All information must be verified and updated as required on or before the Line Therapist's anniversary of hire.

- Hire Line Therapists: ensure that all forms in the Line Therapist Enrollment Packet are completed and copies of all required documents are submitted to the Responsible Party. Once the Responsible Party gathers this information, it will be submitted to the Service Coordinator who will check the information for accuracy and completeness and, forward it to Jasper County Board of Disabilities and Special Needs who is the Financial Management Services provider for the PDD Program Responsible Party-Direction of Services.

- Supervise Line Therapists: Assure that the Line Therapist reports to work on time, completes assigned tasks and submits all paper work (e.g. charts, logs, graphs, etc.) as required per the child's plan.

- Determine Line Therapists duties consistent with the child's plan developed by the EIBI provider: this should be done with assistance from the Consultant. The Consultant will be responsible for conducting any training necessary.

- Develop work schedules for Line Therapists: These should be consistent with the plan developed by the EIBI Consultant and the Consultant should be informed as to what days and times each Therapist will be working. At no time should the hours scheduled per week exceed what has been authorized for the child.

- Verify time worked by Line Therapists and approve time sheets: the Responsible Party should not sign the **PDD Program Responsible Party Line Therapy Daily Log** if the information submitted is not accurate (e.g. tasks identified as completed but were not completed, hours recorded as worked but were not worked)

- Evaluate performance of Line Therapists: It is recommended that the Line Therapist's performance be evaluated at least every six months by the Responsible Party with input from the EIBI Consultant. Criteria might include reporting to work as scheduled, promptness and accuracy with submitting reports and other documents.

- Terminate Line Therapists: If a Line Therapist is terminated, the Responsible Party should immediately inform by phone the EIBI Consultant, the Service Coordinator and Jasper County DSN Board. It is recommended that the Line Therapist receive confirmation of the termination by letter, copied to the aforementioned agencies.

Line Therapist Enrollment and Authorization for EIBI Services

Individuals selected by a Responsible Party to provide Line Therapy services must complete the Line Therapist Enrollment Process and receive an authorization for services from the child's Service Coordinator prior to assuming any duties. Once all required documentation is received by the Jasper County Board of Disabilities and Special Needs, it will take approximately 5 working days to complete enrollment. The enrollment process includes the following provisions:

- Completion of the Line Therapist Enrollment Packet: The Service Coordinator will assist the Responsible Party and the selected Line Therapist with completing all forms identified under the Line Therapist section of the **Checklist of Items Needed for PDD Program Responsible Party-Direction of Services** and, assure that the below information is obtained. Once the Service Coordinator receives all completed forms and the **PDD Program Line Therapist Qualifications Checklist** and its required documentation from the Responsible Party, the Service Coordinator will review the information to assure that all Line Therapists hired meet the requirements for their position as specified in the standards. Once all information is verified, the Service Coordinator will forward all documents to the Jasper County Board of Disabilities and Special Needs.

    1. **I-9 Employee Eligibility Verification**

    2. **W-4 Employee's Withholding Allowance Certificate**

3. **PDD Program Line Therapist Information Sheet**

4. **Electronic Funds Transfer and Payroll Tax Deduction Authorization**

5. **PDD Program Employee Payment Agreement**

6. **PDD Program Line Therapy Responsibilities Agreement**

7. **PDD Program Responsible Party-Directed Line Therapy Services Liability Statement**

8. Copy of Social Security Card

9. Copy of Driver's License (If no driver's license submit a copy of an official State ID Card)

10. Copy of Voided Check

11. Completion of the **PDD Program Line Therapist Qualifications Checklist**: All information must be verified prior to the Line Therapist working with a child and, information must updated annually as required on or before the Line Therapist's anniversary of hire. The **Line Therapist Qualifications Checklist** indicates that all Line Therapist must:

    - Be at least 18 years old and a high school graduate
    - Be able to speak, read and write English
    - Have documentation of current First Aid Certification (must be renewed at least every three years)
    - Have documentation of current CPR Certification (must be renewed annually)
    - Have documentation of receiving training in Confidentiality, Accountability, and Prevention of Abuse and Neglect
    - Have documentation of receiving at least 12 hours of training in the implementation of applied behavior analysis to include at least 3 hours of autism and PDD specific training
    - Have documentation of receiving the required annual in-service training of at least 5 hours in the implementation of applied behavior analysis, autism or PDD specific training
    - Have documentation of a clear background check conducted by the Responsible Party and at least annually thereafter in the following areas:

        a. Not listed in the DSS Child Abuse Central Registry

b. Have no felony convictions as determined by an officially obtained SLED report

c. Provide a copy of current, valid driver's license

d. PPD Tuberculin Test (see **PPD Tuberculin Skin Test Requirements** for specifics)

- Authorization for Services: Once the Jasper DSN Board has completed the enrollment process, they will inform the child's Service Coordinator. Upon receiving this notification, the Service Coordinator will have two (2) working days to complete and submit the appropriate service authorization to each Line Therapist hired by the Responsible Party. Copies of the authorization will be sent to the Responsible Party, the Jasper DSN Board and DDSN Cost Analysis. If the child is receiving EIBI services through the PDD Waiver, the Service Coordinator will complete and submit the **Authorization for PDD Waiver Responsible Party Line Therapy Services.** If the child is receiving EIBI services through the PDD State Funded Program, the Service Coordinator will complete and submit the **Authorization for PDD State Funded Responsible Party Line Therapy Services.**

Financial Management Services

Financial Management Services (FMS) are mandatory and play an integral role to Responsible Party direction of services. A governmental entity and/or another third-party entity must perform necessary financial transactions on behalf of the PDD Program participant. The entity contracted to provide FMS for the PDD Program Responsible Party-Direction of Services is the Jasper County Board of Disabilities and Special Needs (JCBDSN). Payment made to JCBDSN for providing this fiscal service does not come from the participant's budget. The services provided by JCBDSN as the FMS entity will include but not be limited to:

- Assuring that all forms required for participation in the Responsible Party option have been submitted to include supporting documentation verifying that the Line Therapist's minimum qualifications and all required background checks have been completed

- Reviewing submitted timesheets to verify accuracy and completeness (i.e. the hours recorded per day/week do not exceed the hours allowed/awarded; there are no errors in computation; all signatures, dates, times, and other required information is recorded)

- Processing submitted timesheets of Line Therapists for payment. Line Therapists are required to submit the **PDD Program Responsible Party Line Therapist Daily Log**

- Processing payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance

- Receiving and disbursing funds for payment of responsible party directed services per an agreement with the Department of Disabilities and Special Needs (DDSN)

- Providing other entities specified by DDSN with periodic reports of expenditures and the status of the responsible party budget

Miscellaneous Information

- DDSN will furnish the Jasper County Board of Disabilities and Special Needs with a list of all children who have a Responsible Party. This list will contain the number of weekly hours authorized for each child. Jasper will be informed by fax and electronic correspondence when changes to the list occur (i.e. additions or deletions of participants, changes in authorized hours).

- In order for payroll to be processed in a timely fashion, each Line Therapist will be required to submit the **PDD Program Responsible Party Line Therapy Daily Log** to the Jasper County Board of Disabilities and Special Needs bi-weekly. When the Line Therapist completes their two-week 14 day pay period, Sunday through Saturday, that timesheet log is due by the following Wednesday (e.g. the pay period runs from Sunday, January 6 – Saturday, January 19 and the timesheet is due by Wednesday, January 23). If the Log is not received by the due date, the Therapist will be paid the following pay period. If an unsigned or otherwise incomplete Log is received, the Therapist will be contacted by the Responsible Party or the Jasper County Board of Disabilities and Special Needs and asked to resubmit a completed Log. The Jasper County Board cannot cut special checks under any circumstances (i.e. those who are late in sending their logs, those who submit logs with errors, to reimburse parents who pay Line Therapist in advance).

- Line Therapists may mail the **PDD Program Responsible Party Line Therapy Daily Log** to Colleen Walker at: Jasper County Board of Disabilities and Special Needs, P.O. Box 747, Ridgeland, South Carolina 29936. The log may be sent by fax at (843) 726-4091.

- The Responsible Party is ultimately responsible for ensuring that hours are reported accurately on the **PDD Program Responsible Party Line Therapy Daily Log**. If there is a discrepancy with the Log, someone from the Jasper County Board of Disabilities and Special Needs payroll office will call the Responsible Party to verify the information and/or make a decision as to the accuracy of the Log. Discrepancies will include but not be limited to:

    1. The total weekly hours worked exceed the total weekly hours authorized

    2. The cumulative Time In/Out hours are not consistent with the total weekly hours recorded

    3. The Log has not been signed by the Line Therapist

    4. The Log has not been signed by the Responsible Party

- Any hours recorded weekly that exceed the weekly hours authorized for the child will not be considered for payment during any pay period.

- Line Therapists with payroll questions should contact Colleen Walker of the Jasper County Board of Disabilities and Special Needs at (843) 726-4499 ext. 225 or toll free at 1-800-498-9886.

- Line Therapists will be paid $12.30 per hour and Jasper County will be responsible for withholding the appropriate state and federal taxes. This is a set rate.

- Therapy hours that are missed during a week shall not "roll over" or be carried forward as a balance to be used the following week or at any time in the future.

- Line Therapists are encouraged to contact the local DSN Board to determine the possibility of the Line Therapists receiving First Aid and CRP training through the Board if space permits. The cost of receiving this training through the local Board may be less than the cost of the same training offered through other venues. The contact information may be obtained from the individual acting as the Responsible Party or the child's Service Coordinator. All cost related to this training will be the responsibility of the Line Therapist.

- The Responsible Party must conduct the required background checks (SLED and DSS Child Abuse and Neglect Central Registry) on each Line Therapist they desire to employ prior to the Therapist working. The Jasper County Board of Disabilities and Special Needs will reimburse the Responsible Party the cost of the background check, not to exceed $50 per Line Therapist. The Responsible Party must submit to Colleen Walker of the Jasper County DSN Board, the **Responsible Party Line Therapist Invoice** and appropriate receipts confirming the background checks were completed before reimbursement is made. The total reimbursement over the duration of EIBI services for a child will not exceed $300. Once this limit has been reached, no further reimbursement to the Responsible Party will be made and, all cost associated with conducting the required background checks will be borne by the Responsible Party.

- While family members/relatives can be hired as Line Therapists, state Medicaid Policy does not allow the following family members/relatives to be paid for providing care or services to Medicaid recipients under any circumstances:

    1. A parent of a minor Medicaid recipient

    2. A step parent of a Medicaid recipient

    3. A foster parent of a Medicaid recipient

    4. Any other legally responsible guardian of a Medicaid recipient

- If the Responsible Party option is selected, all Line Therapists who provide EIBI services to the child must be employed by the child's Responsible Party. The payroll structure will not support billing for EIBI services from two separate employers.

CHAPTER 8

CASE MANAGER RESPONSIBILITIES

The objectives of case management are to counsel, support and assist participants/families with all activities related to the Pervasive Developmental Disorder (PDD) Waiver and the PDD State Funded Program. Case managers must provide ongoing problem solving to address participant/family needs. They must coordinate community-based support, provide referrals to other agencies and participate in interagency case staff meetings as needed. These activities must be fully documented in the participant's waiver record. Case Managers are responsible for the collection and reporting of participant-specific data including but not limited to: intake and referral services provided by EIBI providers, waiver eligibility determination, care planning, service authorizations and terminations, and fiscal accountability.

Conditions of Participation

Case Managers:

1. Must have a Bachelor's degree in humanities, social science or a related field, plus two years of experience in social or community work, and experience or training pertaining to children with PDD.

2. Must be independent of the EIBI service delivery system and not a provider of EIBI services.

3. Must not be employed by, consulting to, or contracted with, any company providing EIBI waiver services.

4. Must not have a felony conviction of any kind.

5. Must have a current, valid driver's license.

6. Must have a PPD Tuberculin skin test no more than ninety (90) days prior to employment, unless a previously positive reaction can be documented. The two-step procedure is advisable for initial testing in those who are new employees in order to establish a reliable baseline. [If the reaction to the first test is classified as negative, a second test should be given one to three weeks after the first test. If the second test is classified as negative, the person is considered as being uninfected. A positive reaction to a third test (with an increase of more than 10mm) in such a person within the next few years is likely to represent the occurrence of infection with *M. Tuberculosis* in the interval. If the reaction to the second of the initial two tests is positive, this probably represents a boosted reaction, and the person should be considered as being infected.]

In lieu of a PPD tuberculin test no more than 90 days prior to employment, a new employee may provide certification of a negative tuberculin skin test within the 12 months preceding the date of employment and certification from a licensed physician or local health department TB staff that s/he is free of the disease.

Employees with reactions of 10mm and over to the pre-employment tuberculin test, those with newly converted skin tests, and those with symptoms suggestive of tuberculosis (e.g., cough, weight loss, night sweats, fever, etc.) regardless of skin test status, shall be given a chest radiograph to determine whether tuberculosis disease is present. If tuberculosis is diagnosed, appropriate treatment must be given, and the person must not be allowed to work until declared non-contagious by a licensed physician.

Routine chest radiographs are not required on employees who are asymptomatic with negative tuberculin skin tests.

Employees with negative tuberculin skin tests shall have an annual tuberculin skin test.

New employees who have a history of tuberculosis disease and have had adequate treatment shall be required to have certification by a licensed physician or local health department TB staff (prior to employment and annually) that they are not contagious. Regular employees who are known or suspected to have tuberculosis shall be required to be evaluated by a licensed physician or local health department TB staff, and must not return to work until they have been declared non-contagious.

Preventive treatment should be considered for all infected employees having direct client contact who are skin test positive but show no symptoms of tuberculosis. Routine annual chest radiographs are not a substitute for preventive treatment. Employees who complete treatment, either for disease or infection, are exempt from further routine radiographic screening, unless they develop symptoms of tuberculosis. Employees who do not complete adequate preventive therapy should have an annual assessment for symptoms of tuberculosis.

Post exposure skin tests should be provided for tuberculin negative employees within twelve (12) weeks after termination of contact to a documented case of infection.

Providers needing additional information should contact the Tuberculosis Control Division, Department of Health and Environmental Control, 1751 Calhoun Street, Columbia, S.C. 29201 (phone (803) 898-0558).

Description of Services Provided

1. The case management unit of service will be one calendar month, or any portion thereof, commencing on the date that the participant is entered into the waiver. This unit will include all necessary case management activities performed during that month.

2. Case managers shall be available during normal business hours. If, for any reason, caseload coverage will not be available during these times, case managers must make arrangements to handle the needed case management activities. All arrangements must be approved by case manager supervisors.

3. Case management includes the following activities:

    a. Case managers will provide at least 1 monthly contact with the EIBI service providers and/or family to determine progress/lack of progress on established goals and/or participant satisfaction with EIBI providers. This must be fully documented in the participant's waiver record.

    b. On a quarterly basis case managers must contact the participant's family. This should include a review of the entire waiver plan of service and the most recent EIBI service provider quarterly progress report. If progress toward established goals does not meet expectations, then consultation with the SCDDSN Autism Division will occur. This quarterly contact must be fully documented in the participant's waiver record.

    c. On an annual basis or more often as requested by the family, case managers must have a face-to-face contact visit with the waiver participant and family. The EIBI provider may be included in the staffing visit if requested by the family. This annual visit must occur at a minimum of every 365 days and must be fully documented in the participant's waiver record. Likewise, the EIBI provider may also be allowed to request a staffing visit between the case manager, waiver participant, family and EIBI provider if he/she believes it would assist in improving communications or interactions between all parties.

    d. Case managers are responsible for developing the waiver plan of service, ongoing monitoring of the waiver plan of service, fully documenting the waiver service monitoring in the participant's waiver record, ongoing evaluation and updating of the support plan to ensure it's appropriateness, and preparation of all service authorizations and terminations in a timely manner. The waiver plan of service must list all waiver services, their amount, frequency, duration and provider type, and other services the waiver participant receives to assist in meeting his/her needs. The waiver plan of services is subject to the approval of the Medicaid Agency.

    e. The PDD waiver plan of service must be developed, reviewed and approved every 365 days, or more often, if needed. The case manager is responsible for ensuring this occurs in a timely manner.

    f. Case managers are responsible for preparing and submitting all documents needed for timely determination of the ICF/MR Level of Care (LOC) by the Consumer Assessment Team. This must be completed prior to the expiration of the current ICF/MR LOC date.

    g. All case management activities must be documented in the participant's waiver record. Documentation must include the date and time, individual(s) involved, description of the discussion, event or activity, and any necessary action. "Backdating"

documentation is prohibited. If handwritten, all entries must be documented using blue or black ink. If word processing is used, when documents are printed for the waiver case record, all entries must be initialed and dated in ink by the case manager who performed the activity.

h. Case record documentation must include the date on which the child's referral was first received and the dates of all actions taken there after. Case record documentation must reference the child's parent(s) and/or legal guardian. It must include the child's Medicaid identification number (if applicable) and social security number.

i. Case record documentation must reflect that the child's parent(s) and/or legal guardian is fully informed of his/her rights and responsibilities and that he/she is given a choice from all qualified providers in the state.

j. Case record documentation must utilize the required forms, completed properly, and they must include the required signatures.

k. The case manager must assure and the case record must reflect that each child's parent(s) and/or legal guardian has been fully informed about how to file a complaint using the Reconsideration/Appeals Process. All complaints must be handled in a professional manner and all actions related to the complaint must be fully documented in the PDD waiver case record. Case managers must provide information on the Medicaid Reconsideration/Appeals Process at least yearly, and at any relevant action such as a reduction, termination, suspension or denial of waiver services.

4. Case managers are required to attend all SCDDSN in-service/trainings related to the provision of case management for individuals enrolled in the PDD waiver.

Data Management

The EIBI Consultant will be required to submit to the child's Service Coordinator and, when specified, the Autism Division, the following information within the timeframes indicated:

- Program Checklist: must be submitted to the child's Service Coordinator monthly and demonstrate/document that drills are conducted as scheduled.

- Data reports: must be submitted to the child's Service Coordinator and the Autism Division quarterly and contain cumulative graphs of target areas demonstrating progress or areas of concern.

- Assessment of Basic Language and Learning Skills (ABLLS): must be submitted to the child's Service Coordinator and the Autism Division semi-annually per the initial assessment date.

- Peabody Picture Vocabulary Test (PPVT-IV), the Expressive Vocabulary Test (EVT-2) and Vineline Adaptive Behavioral Skills: must be submitted to the Service Coordinator and the Autism Division annually per the initial assessment date.

CHAPTER 9

EARLY INTENSIVE BEHAVIORAL INTERVENTION PROVIDERS

Provider Qualifications

Individuals who wish to provide EIBI services must meet the requirements listed below for the position in which they serve and must present documentation of their credentials and written evidence of meeting stated requirements.

1. Applied Behavior Analysis Consultant

   All EIBI services must have oversight by an Applied Behavior Analysis (ABA) Consultant. Providers may qualify as an ABA Consultant if they meet the following requirements:

   - A master's degree in behavior analysis, education, psychology, or special education; and
   - Current certification by the Behavior Analyst Certification Board as a Board Certified Behavior Analyst (BCBA); and
   - At least one year of experience as an independent practitioner; and
   - Successfully complete the initial approval process which includes an interview and the submission of a Work Sample that is reviewed and critiqued for competency by the DDSN interview team **or**
   - A bachelor's degree in behavior analysis, education, psychology, or special education; and
   - Current certification by the Behavior Analyst Certification Board as a Board Certified Associate Behavior Analyst (BCABA); and
   - At least two years of experience as an independent practitioner, and
   - Successfully complete the initial approval process which includes an interview and the submission of a Work Sample that is reviewed and critiqued for competency by the DDSN interview team; **or**
   - A bachelor's degree in behavior analysis, education, psychology, or special education; and
   - At least three years of experience as an independent practitioner; and

- Successfully complete the initial approval process which includes an interview and the submission of a Work Sample that is reviewed and critiqued for competency by the DDSN interview team.

2. Lead Therapist

   All individuals who serve as Lead Therapist must meet the following requirements:

   - A bachelor's degree in behavior analysis, education, psychology, or special education; and

   - Has at least 500 hours of supervised line therapy or supervised experience in implementing behaviorally based therapy models consistent with best practices and research on effectiveness, for children with Pervasive Developmental Disorder to include autism and Asperger's disorder.

3. Line Therapist

   All Line Therapists must:

   - Be at least 18 years old and a high school graduate;

   - Be able to speak, read and write English;

   - Have documentation of receiving the required training as listed below prior to providing a service:

     a. Current First Aid Certification (must be renewed at least every three years)

     b. Current CPR Certification (must be renewed annually)

     c. Confidentiality, Accountability, and Prevention of Abuse and Neglect

     d. At least 12 hours of training in the implementation of applied behavior analysis to include at least 3 hours of autism and PDD specific training

   - Have documentation of receiving the required annual in-service training of at least 5 hours in the implementation of applied behavior analysis, autism or PDD specific training.

   - Have documentation of a clear background check conducted by the provider prior to providing a service and at least annually thereafter in the following areas:

a. Not listed in the DSS Child Abuse Central Registry

b. Have no felony convictions as determined by an officially obtained SLED report

c. Provide a copy of current, valid driver's license (If no driver's license submit a copy of an Official State ID Card)

d. PPD Tuberculin Test (see **PPD Tuberculin Skin Test Requirements** for specifics)

Provider Services

This service has four distinct components: (1) Assessment, Program Development and Training, (2) Plan Implementation, (3) Lead Therapy Intervention, and (4) Line Therapy.

1. Assessment, Program Development and Training: Provided by the EIBI Consultant

   - Completion of adaptive assessments (Assessment of Basic Language and Learning Skills, Peabody Picture Vocabulary Test – III, and Vineland);
   - Development of an EIBI plan;
   - Completion of a functional behavior assessment and a behavioral support plan if challenging behaviors persist; and
   - Training key personnel to implement interventions.

2. Plan Implementation: Provided by the EIBI Consultant

   - Implementation of the EIBI plan;
   - Educating family, caregivers and/or service providers concerning strategies and techniques to assist the participant in behavior reduction and skill acquisition;
   - Monthly monitorship of the effectiveness of the EIBI plan;
   - Modifying the EIBI plan as necessary; and
   - Updating initial assessments and modifying the plan as necessary.

3. Lead Therapy Interventions: Provided by the Lead Therapist

- Assuring the EIBI plan is implemented as written;
- Weekly monitoring the effectiveness of the EIBI plan;
- Reviewing all recorded data;
- Providing guidance to and supervision of the Line Therapist;
- Receiving family/caregiver feedback; and
- Assuring coordination and continuity with other programs and services.

4. Line Therapy: Provided by the Line Therapist

    - Receiving family/caregiver feedback; and
    - Assuring coordination and continuity with other programs and services
    - Implement interventions designed in the EIBI plan;
    - Records data and reports concerns and progress to the Lead Therapist.

Becoming a Qualified Provider

The South Carolina Department of Disabilities and Special Needs require a supervising entity (i.e. EIBI Consultant) to be physically located in the South Carolina or within the 25 mile radius of the South Carolina border. Individuals who meet this requirement and wish to be a provider of Early Intensive Behavioral Intervention services as an Applied Behavior Analysis Consultant will receive the **Early Intensive Behavior Intervention Provider Application** and a letter outlining the documentation that must be submitted to begin the approval process. All providers must successfully complete the following process.

1. Initial Approval
   The initial approval process consists of the following:

    - Submission of Required Credentials
    - Submission of Work Sample
    - Interview Process

   DDSN will designate a team to approve of individuals who apply as Applied Behavior Analysis Consultants under the PDD waiver.

    a. All required documentation must be submitted to the Autism Division Director. The Director will assure that the team leader receives all

documents and information. The team leader will contact the potential provider to schedule an interview appointment.

b. Providers who successfully complete the initial approval process will receive:

- A **Provider Approval Letter** from DDSN indicating that the provider has met the criteria outlined to provide EIBI services; and

- Paperwork to complete and return to DDSN to become enrolled as a provider under the PDD Medicaid Waiver. This includes: **EIBI Pre-Enrollment Application**, **EIBI Provider Information Sheet**, **Request for Taxpayer Identification Number & Certification: W-9**, **Medicaid Enrollment Data-Individual Community Long Term Care** and, **Medicaid Enrollment Data-Group Community Long Term Care**.

c. Once the paperwork is returned, DDSN will send the paperwork and the **Request for Provider Enrollment with DHHS** to the Department of Health and Human Services (DHHS) to be processed. DHHS will send the provider the **EIBI Provider Enrollment Confirmation** with a Medicaid provider number. All approved providers will be placed on the DDSN Qualified Provider List for EIBI services for a two-year period.

2. Renewal Process

- Re-Certification
  All providers of EIBI services under the PDD Waiver must submit the **Early Intensive Behavioral Intervention Provider Renewal Form** prior to three months of the expiration of their initial approval date in order to continue to maintain provider status. All documentation must be returned by mail to the Autism Division Central Office located at 3440 Harden Street, Columbia, SC 29240.

- Continuing Education
  Twenty (20) continuing education units (CEUs) are required during the two-year period preceding a provider's renewal application. For providers who are enrolled less than two years prior to the required renewal this will be prorated by six-month increments (e.g., 1.5 years of service prior to renewal requires 15 CEUs). CEUs, which must be in the provider's area of waiver service provision, shall consist of education/training activities including professional workshop attendance, professional conference attendance, graduate level courses, or education/training opportunities offered by DDSN. CEUs are earned on a contact hour basis where 1 hour of workshop attendance or 1 hour of conference presentation attendance in an approved content area equals one CEU. All

continuing education activities must be documented by a certificate from the sponsor of the activity.

- Quality Assurance Reviews
  In order to insure that work conducted under the PDD Waiver meets the criteria established for qualification of providers, DDSN will review a sample of each providers work on an annual basis. This work sample will be assessed for quality and compliance with the criteria used in the qualification process that providers completed previously (e.g., work sample and interview). Providers are required to adhere to these criteria in all of the work they perform as a service under the Waiver.

  Additionally, DDSN can become aware of a provider's work that does not meet the criteria for qualification from local DSN boards and/or families. This may consist of a complaint about unacceptable performance received by DDSN by a purchaser of the service. Should this occur, DDSN will initiate a Quality Assurance review separate from the annual review process.

  If review of a provider's work sample reveals that it does not meet the established criteria, the provider will be provided a written notice by DDSN. This notice shall describe which criteria have not been met. This shall serve as a formal notice of warning and require that the provider forward a plan of correction to DDSN within 30 days. The provider's work will be sampled/reviewed again in 60 days or as soon as another service is rendered. If the second review reveals continued failure to meet the established criteria, DDSN will remove the provider from its list of approved providers and request DHHS to revoke the provider's waiver provider number.

  DHHS/DDSN may, at any time review provider records to ensure adequate documentation for each unit of service rendered and billed to the waiver. The absence of documentation will result in recoupment.

Provider Responsibilities

Individuals or entities that become approved providers of Early Intensive Behavioral Intervention (EIBI) services under the PDD Waiver/PDD State Funded Program are responsible for complying with the following:

1. Personnel

   - EIBI providers will be responsible for but not limited to recruiting, selecting, retaining and terminating employees. This responsibility extends to the hiring of staff at all levels of service. As such, providers are to assure that each employee meets the requirements for the position in which they serve and be able to present documentation of their credentials and evidence of meeting stated requirements. To verify this, DDSN will randomly select and review provider

employee records at least annually. Documentation of all reviews will be maintained. **The responsibility for hiring and supervising Line Therapists will not be applicable if the parent/legal guardian elects to act as the child's Responsible Party.**

- EIBI providers will be allowed to sub-contract with personal care agencies or similar entities to employ Line Therapists. This process must be approved by DDSN and all sub-contracts must be made available to DHHS upon their request. Providers must assure that Line Therapists employed through sub-contracts meet all required personnel standards.

2. Complaints, critical incidents, including accidents, suspected abuse, neglect or exploitation and criminal activity.

   - The EIBI Consultant shall maintain a log of all complaints and critical incidents which shall include documentation of the resolution of the complaint or incident.

   - The EIBI Consultant shall communicate any critical incident to the Director of the Division of Quality Management via fax (803-898-9660) within one business day.

3. Data Management

   The EIBI Consultant will be required to submit to the child's Service Coordinator and, when specified, the Autism Division, the following information within the timeframes indicated:

   - Progress reports: must be submitted to the child's Service Coordinator monthly and demonstrate/document that drills are conducted as scheduled.

   - Data reports: must be submitted to the child's Service Coordinator and the Autism Division quarterly and contain cumulative graphs of target areas demonstrating progress or areas of concern.

   - Assessment of Basic Language and Learning Skills (ABLLS): must be submitted to the child's Service Coordinator and the Autism Division semi-annually per the initial assessment date.

   - Peabody Picture Vocabulary Test (PPVT) and Vineline: must be submitted to the child's Service Coordinator and the Autism Division annually per the initial assessment date

4. Services

   a. <u>Clinic Based Services</u>

The Pervasive Developmental Disorder Program was funded and approved based on the concept of intensive in-home intervention. Children can not receive EIBI services exclusively in a clinic setting.

- At least 50% of the child's therapy must be in the home setting. The remaining services may be provided in a clinic setting or in the community (e.g. a park or restaurant).

- In all settings, each child must have their own Line Therapist (i.e. the ratio must be 1:1). In addition, Coordinators and Lead Therapists may not work simultaneously with more than one child.

b. Off-Site Services

There may be occasions when EIBI providers find it necessary to provide services to a child in a venue that enables the provider to construct program products. EIBI providers must abide by the following procedures pertaining to these Off-Site Services.

- Off-site services are defined as services that are specifically related to the EIBI participants program and, essential to the program's continuation and development. Examples of approved off-site services include summation of raw data, analysis of date to determine appropriate programming, program development, task analysis development related to the child's specific goal(s), development of functional behavior support plan, acquisition/development of stimuli specific to a child's program, and notebook/material management.

- Off-site services must be provided by a Lead Therapist or a Consultant who is actively working with the child from whom lead therapy or plan implementation hours are deducted. This time can not be used to pay for or compensate administrative support staff or any duties that are performed by such staff.

- A Lead Therapist may not designate from a child's approved lead therapy hours, more than two (2) hours per week for off-site services. A Coordinator may not designate from a child's approved plan implementation hours, more than two (2) hours per month for off-site services.

- When off-site services are performed the provider must submit with the monthly report to the Case Manager, a detailed summary identifying specifically what services were provided for the child. This summary must also be made available to the child's parents/legal guardians. A monthly report will be considered incomplete if off site hours are billed for but no summary is submitted.

5. Training

- Each provider must submit to the Autism Division a copy of the training curriculum used by the provider to train Line Therapist. This may occur after the provider receives their EIBI Provider Enrollment Confirmation from DHHS but the curriculum must be received by the Autism Division prior to any training taking place.

- Per the standards pertaining to Line Therapist qualifications, Line Therapist are required to have "at least 12 hours of training in the implementation of applied behavior analysis to include at least 3 hours of autism and PDD specific training" prior to providing a service (see Chapter 11 for additional specific requirements). Providers are compensated for the cost of this training in the Annual Assessment Fee of $2,100. As such, providers should not submit a bill to the Medicaid agency or DDSN until all services (i.e. Assessment, Program Development and Training) have been rendered.

- No hours should be deducted from a child's Plan Implementation, Lead Therapy or Line Therapy hours to cover any cost associated with the initial training of Line Therapist.

INDEX OF PDD WAIVER & STATE FUNDED PROGRAM FORMS
For
PDD Program Parent Manual

Note: Forms are only provided for Chapter 7, Responsible Party Directed Care

Completed by the Service Coordinator

PDD Form RP 1	PDD Program Pre-Screening Assessment of Responsible Party
PDD Form RP 2	Checklist of Items Needed for PDD Program Responsible Party-Direction of Services
PDD Form RP 15	PDD Program Line Therapist Qualifications Checklist
PDD Form RP 17	Authorization for PDD Waiver Responsible Party Line Therapy
PDD Form RP 18	Authorization for PDD State Funded Program Responsible Party Line Therapy
Info-Sheet 8	Responsible Party Directed Care Enrollment Information

Completed by the Responsible Party (Parent)

PDD Form RP 5	PDD Program Responsible Party Information Sheet
Form SS-4	Application for Employer Identification Number
Form 8821	Tax Information Authorization
Form 2678	Employer/Payer Appointment of Agent
PDD Form RP 19	Responsible Party Line Therapist Invoice

Completed by the Line Therapist

PDD Form RP 8	PDD Program Line Therapist Information Sheet
PDD Form RP 9	Electronic Funds Transfer and Payroll Tax Deduction Authorization
PDD Form RP 10	PDD Responsible Party Directed Services Employee Payment Agreement
PDD Form RP 11	PDD Program Line Therapist Responsibilities Agreement
PDD Form RP 12	PDD Program Responsible Party-Directed Line Therapy Services Liability Statement
PDD Form RP 16	PDD Program Responsible Party Line Therapy Daily Log
Form I-9	Employment Eligibility Verification
Form W-4	Employee's Withholding Allowance Certificate

General Information Sheets

Info-Sheet 1	Pervasive Developmental Disorder Waiver Information Sheet
Info-Sheet 2	Pervasive Developmental Disorder Waiver Fact Sheet
Info-Sheet 3	Flow Chart-PDD Program
Info-Sheet 10	PPD Tuberculin Skin Test Requirements