

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF DIRECTOR



ACTION REFERRAL

TO Myers / Waldrep	DATE 5-4-09
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 100022	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>7-15-09</u> DATE DUE _____
<i>C: E. Forkner</i> <i>cleared 7/15/09, letter</i> <i>attached.</i>	
<input type="checkbox"/> Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. Sam Waldrep			
2. Delicity Myers			
3.			
4.			



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Emma Forkner  
Director

July 15, 2009

Terrie Morris  
Medicaid and SCHIP Policy Branch  
Division of Medicaid and Children's Health Operations  
Centers for Medicare & Medicaid Services  
61 Forsyth St., Suite 4T20  
Atlanta, Georgia 30303-8909

Ms. Morris:

Enclosed is South Carolina's Submission of Evidentiary-Based Information with regard to oversight activities of the South Carolina Community Choices Waiver for Frail Elders and Persons with Physical Disabilities (#0405.R01). We look forward to your evaluation of South Carolina's performance.

Please contact Sam Waldrep, (803) 898-2725 should you need additional information regarding this waiver assessment.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner  
Director

Enclosures

CC: Sam Waldrep, Bureau Chief  
Vanessa Busbee, Department Head

*Evidentiary-Based Information*

South Carolina Community Choices Waiver for Frail Elders and Persons with Physical Disabilities  
Home and Community Based Waiver Program (#0405.R01)

Bureau of Long Term Care and Behavioral Health Services  
P. O. Box 8206 Columbia South Carolina 29202-8206  
(803) 898-2590 Fax (803) 255-8209

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

<b>TO</b> <i>Myers / Waldrep</i>	<b>DATE</b> <i>5-4-09</i>
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2. DATE SIGNED BY DIRECTOR <i>C: E. Forkner</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-15-09</i> DATE DUE _____ <input type="checkbox"/> Necessary Action

<b>APPROVALS</b> <small>(Only when prepared for director's signature)</small>	<b>APPROVE</b>	<b>* DISAPPROVE</b> <small>(Note reason for disapproval and return to preparer.)</small>	<b>COMMENT</b>
1.			
2.			
3.			
4.			

April 30, 2009

Emma Forkner, Director  
Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Dear Ms. Forkner:

The Centers for Medicare & Medicaid Services (CMS) is conducting a quality review of South Carolina's Community Choices Waiver for Frail Elders and Persons with Physical Disabilities (control number 0405.R01). This review will be used to evaluate the overall performance of the program during the currently approved period (July 1, 2006 through June 30, 2011), and to identify whether any modifications or technical assistance are necessary to continue successful operation. The results of this review will serve to inform both the State and CMS of the State's compliance with waiver assurances in anticipation of the waiver's renewal.

The CMS requests States to provide concise, specific information to demonstrate adequate and effective mechanisms for finding and resolving compliance issues on an ongoing basis. Enclosed with this letter is a listing of the types of evidence-based information CMS must review in order to determine the State's implementation of its quality management and improvement strategy – that is discovery, remediation and improvement activities with regard to all of the waiver assurances. We request you submit the information identified in the enclosure to this office within ninety days of receipt of this letter.

While we recognize the value of State policies and procedures, this evaluation focuses on the extent to which the policies and procedures have been implemented, and the results of the State's oversight activities. That is how the State identifies quality issues and addresses these issues on both an individual and systemic basis. As you will note in the enclosure, we are requesting evidence as to the implementation of the quality management and improvement strategy.

After reviewing the requested submissions, we will contact your staff to discuss any necessary follow-up activities. Please feel free to contact me at 404-562-7414 with any questions related to this request.

Sincerely,



Terrie Morris  
Medicaid & SCHIP Policy Branch  
Division of Medicaid and Children's Health Operations

# HCBS Quality Review Work Sheet

## I. Level of Care (LOC) Determination

<i>The State demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/re-evaluating a waiver applicant or participant's level of care consistent with care provided in a hospital, NF, or ICF/MR.</i>		
Sub Assurances	CMS Expectations	Types of Evidence
An evaluation for level of care is provided to all applicants for whom there is reasonable indication that services may be needed in the future.	State submits evidence that is has reviewed applicant files to verify that individual levels of care evaluations are conducted.	Summary reports based on a significant sample of any single or combined method or source of evidence as follows: ✓ Record Reviews, on-site ✓ Record Reviews, off-site ✓ Training verification records ✓ On-site observations, interview, monitoring ✓ Analyzed collected data (including surveys, focus group, interview, etc.) ✓ Trends, remediation actions proposed / taken ✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation / opinion ✓ Participant / family observation and opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) Financial audits Meeting minutes Presentations of policies or procedures Reports to State Medicaid Agency on delegated administrative functions Other
The level of care of enrolled participants is reevaluated at least annually or as specified in its approved waiver.	State submits evidence that it regularly reviews participant files to verify that reevaluations of level of care are conducted at least annually or as specified in the approved waiver.	
The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.	State submits that it regularly reviews participant files to verify that the instrument described in the approved waiver is used in all level of care re-determinations, the person(s) who implement level of care determinations are those specified in the approved waiver, and the process/instruments are applied appropriately.	

## II. Service Plans

<i>The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</i>		
Sub Assurances	CMS Expectations	Types of Evidence
Address all participants' assessed needs (including risk factors) and personal goals, either by or through other means.	State demonstrates that service plans are reviewed periodically to assure that all of participant needs are addressed and preferences considered.	Summary reports based on a significant sample of any single or combined method or source of evidence as follows: ✓ Record Reviews, on-site ✓ Record Reviews, off-site ✓ Training verification records ✓ On-site observations, interview, monitoring ✓ Analyzed collected data (including surveys, focus group, interview, etc.) ✓ Trends, remediation actions proposed / taken ✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation / opinion ✓ Participant / family observation and opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administrator data reports, logs ✓ Financial records (including expenditures) Financial audits Meeting minutes Presentations of policies or procedures Reports to State Medicaid Agency on delegated administrative functions Other
The state monitors service plan development in accordance with its policies and procedures	State submits evidence of its monitoring process for service plan development and any corrective action taken when service plans were not developed according to policies and procedures.	
Service plans are update/revised at least annually or when warranted by changes in the waiver participant's needs.	State submits evidence of its monitoring process for service plan update/revision including service plan updates when a participant's needs changed and corrective actions taken when service plans were not updated/revised according to policies and procedures.	

#### IV. Health and Welfare

<i>The State demonstrates, on an ongoing basis that it identifies, addresses, and seeks to prevent instances of abuse, neglect and exploitation.</i>		
Sub Assurances	CMS Expectations	Types of Evidence
The state, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.	State demonstrates that, on an ongoing basis, abuse, neglect and exploitation are identified, appropriated actions have been taken when the health or welfare of a participant has not been safeguarded, and an analysis is conducted of abuse, neglect and exploitation trends and strategies it has implemented for prevention.	<p>Summary reports based on a significant sample of any single or combined method or source of evidence as follows:</p> <ul style="list-style-type: none"> <li>✓ Record Reviews, on-site</li> <li>✓ Record Reviews, off-site</li> <li>✓ Training verification records</li> <li>✓ On-site observations, interview, monitoring</li> <li>✓ Analyzed collected data (including surveys, focus group, interview, etc.)</li> <li>✓ Trends, remediation actions proposed / taken</li> <li>✓ Provider performance monitoring</li> <li>✓ Operating agency performance monitoring</li> <li>✓ Staff observation / opinion</li> <li>✓ Participant / family observation and opinion</li> <li>✓ Critical events and incident reports</li> <li>✓ Mortality reviews</li> <li>✓ Program logs</li> <li>✓ Medication administration data reports, logs</li> <li>✓ Financial records (including expenditures)</li> <li>Financial audits</li> <li>Meeting minutes</li> <li>Presentations of policies or procedures</li> <li>Reports to State Medicaid Agency on delegated administrative functions</li> <li>Other</li> </ul>

#### V. Administrative Authority

<i>The State demonstrates it retains ultimate administrative authority over the waiver program and that its administration of the waiver program is consistent with the approved waiver application.</i>		
Sub Assurances	CMS Expectations	Types of Evidence
The Medicaid agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other State and local/regional non-State agencies (if appropriate) and contracted entities.	State submits evidence of its monitoring of all delegated functions, and implementation of policies/procedures related to its administrative authority over the waiver program, including: memoranda of agreements, description of roles and responsibilities relative to program operations, monitoring, and remediation or system improvements instituted when problems are identified in the operation of the waiver program.	<p>Summary reports based on a significant sample of any single or combined method or source of evidence as follows:</p> <ul style="list-style-type: none"> <li>✓ Record Reviews, on-site</li> <li>✓ Record Reviews, off-site</li> <li>✓ Training verification records</li> <li>✓ On-site observations, interview, monitoring</li> <li>✓ Analyzed collected data (including surveys, focus group, interview, etc.)</li> <li>✓ Trends, remediation actions proposed / taken</li> <li>✓ Provider performance monitoring</li> <li>✓ Operating agency performance monitoring</li> <li>✓ Staff observation / opinion</li> <li>✓ Participant / family observation and opinion</li> <li>✓ Critical events and incident reports</li> <li>✓ Mortality reviews</li> <li>Program logs</li> <li>Medication administrator data reports, logs</li> <li>✓ Financial records (including expenditures)</li> <li>Financial audits</li> <li>Meeting minutes</li> <li>Presentations of policies or procedures</li> <li>Reports to State Medicaid Agency on delegated administrative functions</li> <li>Other</li> </ul>

## VI. Financial Accountability

*The State demonstrated that it has designed and implemented an adequate system for assuring financial accountability of the waiver program.*

Sub Assurances	CMS Expectations	Types of Evidence
<p>State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.</p>	<p>State submits results of its financial monitoring process for verifying maintenance of appropriate financial records as specified in the approved waiver.</p> <p>State submits results of its review of waiver participant claims to verify that they are coded and paid in accordance with the waiver reimbursement methodology.</p> <p>State demonstrates that interviews with State staff and providers are periodically conducted to verify that any identified financial irregularities are addressed.</p> <p>Stat demonstrates that site visits are conducted with providers to verify that they maintain financial records according to provider agreements/contracts.</p>	<p>Summary reports based on a significant sample of any single or combined method or source of evidence as follows:</p> <ul style="list-style-type: none"> <li>✓ Record Reviews, on-site</li> <li>✓ Record Reviews, off-site</li> <li>✓ Training verification records</li> <li>✓ On-site observations, interview, monitoring</li> <li>✓ Analyzed collected data (including surveys, focus group, interview, etc.)</li> <li>✓ Trends, remediation actions proposed / taken</li> <li>✓ Provider performance monitoring</li> <li>✓ Operating agency performance monitoring</li> <li>✓ Staff observation / opinion</li> <li>✓ Participant / family observation and opinion</li> <li>✓ Critical events and incident reports</li> <li>✓ Mortality reviews</li> <li>✓ Program logs</li> <li>✓ Medication administration data reports, logs</li> <li>✓ Financial records (including expenditures)</li> </ul> <p>Financial audits</p> <p>Meeting minutes</p> <p>Presentations of policies or procedures</p> <p>Reports to State Medicaid Agency on delegated administrative functions</p> <p>Other</p>