

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Waldrop (Nate/Roy Smith)	10-5-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 1011456	I I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR	I I Prepare reply for appropriate signature DATE DUE _____
CC: Mr. Fick, Singletan Cleared 11/15/12, e-mail no phone attached.	I I FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

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



RECEIVED

JUN 04 2012

Pls log: Waddep
(Note/Reqs.)
C: Siveter - COS

Department of Health & Human Services
OFFICE OF THE DIRECTOR

TO: All States Pursuing Duals Demonstrations
(AZ, CA, CO, CT, HI, ID, IL, IA, MA, MI, MN, NY, NC, OH, OK, OR, SC, TN, TX, VT, VA, WA, WI)
FROM: NAMID staff
Date: June 1, 2012
RE: NAMID Duals Strategy and Requests to States

This memo updates all states pursuing duals integration proposals on NAMID's ongoing activities related to the duals integration proposals and to request your assistance to inform some of these efforts. Below you will see several requests highlighted in red. For those who did not attend NAMID's "Duals Fly-In" in May, a recap of those meetings is included below.

NAMID Efforts

The following are some of the planned activities for the short-term:

1. **Highlight support for state proposals.** As most you are aware, federal policymakers, advocacy groups, providers, and other stakeholders are raising significant concerns and questions about states proposals. However, we believe this does not reflect the support many of you have garnered at the state level.
REQUEST: Please send me copies of or links to any letters of support you may have received. NAMID will use this in our ongoing efforts to help educate interested entities. We would appreciate receiving this as soon as possible.

2. **Personalize the problems.** Based on our conversations, we believe it would be very useful for states to develop a few vignettes about the people who would likely be enrolled and benefit from the integrated program (descriptions of people who've experienced real-world problems and how the current approach is doing them a disservice and/or specific ways that individuals would benefit).

REQUEST: Please send me 1-3 "real world" stories about members, with de-identified information. We hope you will provide this to us by June 15th and would be happy to discuss if we can help you develop this.

3. **State specific duals demo "pitch packets."** NAMID is recommending that each state develop a package of materials to showcase what you seek to do and the existing Medicaid expertise you will leverage in your proposal. If you already have this information or a website where it is posted, I would appreciate you sharing that with me. NAMID will use this information in our ongoing communications on behalf of your states. We also believe each state can use these packets as part of your outreach and education efforts with key stakeholders at the state and federal levels. We suggest the packet include at least the following:
 - o 1-2 pager about your state's (draft) proposal highlighting key characteristics and demographics of target population, costs of dual eligible population, fragmentation of system, key components of proposal including additional benefits being offered,

state expertise/experience that is expected to produce better outcomes, and documentation of the number of comments and letters of support you received.

- Letters of support from key state organizations, e.g. state chapters of AARP, disability groups, provider groups, etc.
- Vignettes, as discussed above.

REQUEST: As you develop these materials, please send them to me so that NAMMD can include these in our efforts on your behalf.

4. ***Small group fly-ins.*** NAMMD plans to convene a series of strategic meetings in D.C. for small groups of states over the next several months, starting with two-three states planning a 2013 launch. The purpose of these meetings is to address ongoing concerns and to ensure that the lack of or misinformation does not impede forward movement on states' proposals. We anticipate these meetings would be an opportunity to do a deeper dive on your efforts and the Medicaid approaches that are appropriate for the population. Meeting targets would include: CMS' Medicare/CMMI staff, OMB staff, a bipartisan group of staff from the Senate Finance and House Energy and Commerce and Ways and Means committees, MedPAC, MACPAC, and leaders from national provider groups and other key constituencies we identify.

- We hope to convene the first round of joint meetings with 2-3 of the 2013 launch states is mid-July. The next round of meetings would occur in September, date TBD. We believe we would need a day and a half of your time. In conjunction with the NAMMD organized meetings, we would also strongly encourage you to meet with your congressional delegation during this time. Our conversations indicate that policymakers at the federal level are not hearing from supporters of these integration efforts. Therefore, it is critical that states continue to keep their delegations informed about your proposals.

REQUEST: We will be reaching out to states to schedule fly-ins. In the meantime, please contact me if you plan to be in DC and would like us to help schedule meetings with CMS, OMB, the key bipartisan House and Senate Committee staff we generally work with, etc.

5. ***Myth-Fact issue brief.*** NAMMD is in the process of developing a document that will address some of the key concerns that have been raised about states' duals proposals. We will circulate this to you for feedback before finalizing.

6. ***Communication/outreach.*** In addition, NAMMD plans to convene a meeting of national provider and advocacy groups to confront disconnect in support for state proposals. We also will work on an ongoing basis with other state associations -- NASUAD, NASDDDS, etc -- on strategic partnerships/support opportunities.

Duals Fly-in Recap

Fourteen states including eight Medicaid Directors attended NAMMD's Dual's Fly-In in May 2012. This meeting elucidated the vast under- and miseducation about Medicaid and states' duals integration proposals that exists at the federal level among some very influential constituencies -- including Medicare staff, congressional committee staff, among others. The comments and

questions raised were reflective of the broader concerns among industry, provider, and advocacy groups as well as Congressional leaders, Administration officials, and other influential entities.

It is also noteworthy that opposition is being raised on a bipartisan basis. Despite differences in the underlying cause of the concern, we believe the fact that there is bipartisan skepticism about states' proposals could lead to legislation or other hurdles that impede states' proposals. The constant themes we heard during those meetings included the following:

- Widespread opposition to any statewide proposal. Underlying this is a two-fold concern that 1) Congress has ceded broad authority to HHS and 2) demonstrations should be conducted on less than a statewide basis.
- There will be insufficient oversight of states as well as of the health plans that will serve the enrolled duals.
- Medicaid does not have the expertise and capacity to implement fully integrated programs.
- States will eventually "game" the system and raid the Medicare Trust Fund.

While states can and did begin to respond to many of these issues during the May Fly-In, it will take an ongoing effort by the Association and individual states to continue to address the questions and turn back inflammatory concerns. While not the panacea, regular communication with federal policymakers is critical nonetheless and the activities outlined above seek to facilitate this.

Log # 456

Brenda James

From: Teeshla Curtis
Sent: Friday, June 15, 2012 4:57 PM
To: Jan Polatty
Cc: Brenda James
Subject: FW: Duals: next steps & requests from NAMD
Attachments: SCDuEPproposal_NAMDRequest_3of3_one-pager.docx; SCDuEPproposal_NAMDRequest_2of3_Real-World Stories.docx

This is related to log 456.

From: Nathaniel Patterson
Sent: Friday, June 15, 2012 2:56 PM
To: Andrea Maresca
Cc: Sam waldrep; Roy Hess; ROY SMITH; Ana De Fede; Kathy Mayfield-Smith; Carol Reed; Timothy Hartnett; Jan Polatty; Deirdra Singleton; Teeshla Curtis
Subject: Re: Duals: next steps & requests from NAMD

Good afternoon Andrea,

Please find attached South Carolina's responses to requests #2 and #3 from the June 1st NAMD Memo (see below).

2. ***Personalize the problems.*** Based on our conversations, we believe it would be very useful for states to develop a few vignettes about the people who would likely be enrolled and benefit from the integrated program (descriptions of people who've experienced real-world problems and how the current approach is doing them a disservice and/or specific ways that individuals would benefit).
REQUEST: Please send me 1-3 "real world" stories about members, with de-identified information. We hope you will provide this to us by June 15th and would be happy to discuss if we can help you develop this.
3. ***State specific duals demo "pitch packets."*** NAMD is recommending that each state develop a package of materials to showcase what you seek to do and the existing Medicaid expertise you will leverage in your proposal. If you already have this information or a website where it is posted, I would appreciate you sharing that with me. NAMD will use this information in our ongoing communications on behalf of your states. We also believe each state can use these packets as part of your outreach and education efforts with key stakeholders at the state and federal levels. We suggest the packet include at least the following:
 - o 1-2 pager about your state's (draft) proposal highlighting key characteristics and demographics of target population, costs of dual eligible population, fragmentation of system, key components of proposal including additional benefits being offered, state expertise/experience that is expected to produce better outcomes, and documentation of the number of comments and letters of support you received.
 - o Letters of support from key state organizations, e.g. state chapters of AARP, disability groups, provider groups, etc.
 - o Vignettes, as discussed above.

REQUEST: As you develop these materials, please send them to me so that NAMD can include these in our efforts on your behalf.

Please don't hesitate to contact us with any questions. Have a great weekend.

Sincerely,

The SCDUE Team

From: "Nathaniel J. Patterson" <pattnat@scdhhs.gov>
Date: Tuesday, June 12, 2012 2:45 PM
To: Andrea Maresca <andrea.maresca@namd-us.org>
Cc: Sam Waldrep <waldrep@scdhhs.gov>, Roy Hess <HESSROY@scdhhs.gov>, Roy Smith <smithroy@scdhhs.gov>, Ana De Fede <ANALOPEZDEFEDE@sc.edu>, Kathy Mayfield-Smith <KLMAYFIE@mailbox.sc.edu>, Carol Reed <REEDCB@mailbox.sc.edu>, Timothy Hartnett <HARTTIM@scdhhs.gov>, Jan Polatty <POLATTYJ@scdhhs.gov>, Deirdra Singleton <Singled@scdhhs.gov>, Teeshla Curtis <CURTIST@scdhhs.gov>
Subject: Re: Duals: next steps & requests from NAMID

Good afternoon Andrea,

Thank you for the feedback. We share in your enthusiasm regarding our stakeholder's engagement and support. We look forward to submitting responses to the other NAMID June 1st requests within the next several days.

Have a great day and thanks again for the cheers.

Sincerely,

The SCDUE Team

From: Andrea Maresca <andrea.maresca@namd-us.org>
Date: Tuesday, June 12, 2012 2:25 PM
To: "Nathaniel J. Patterson" <pattnat@scdhhs.gov>
Subject: RE: Duals: next steps & requests from NAMID

I am just going through these letters now and wanted to write and say they are fantastic! Exactly what we're looking to get around to folks at the federal level. Thanks again.

-Andrea

From: Nathaniel Patterson [<mailto:PATTNAT@scdhhs.gov>]
Sent: Friday, June 08, 2012 4:02 PM
To: Andrea Maresca
Cc: Sam Waldrep; Roy Hess; ROY SMITH; Jan Polatty; Timothy Hartnett; Carol Reed; Ana De Fede; Kathy Mayfield-Smith; Teeshla Curtis; Deirdra Singleton
Subject: Re: Duals: next steps & requests from NAMID

Good afternoon Andrea,

As mentioned on the phone earlier today, letters of Support for South Carolina's Dual Eligible Demonstration (SCDUE) Proposal are included within this email response (attached). Responses for the remaining requests will be sent next week.

NAMD Efforts

The following are some of the planned activities for the short-term:

1. ***Highlight support for state proposals.*** As most you are aware, federal policymakers, advocacy groups, providers, and other stakeholders are raising significant concerns and questions about states proposals. However, we believe this does not reflect the support many of you have garnered at the state level.

REQUEST: Please send me copies of or links to any letters of support you may have received. NAMD will use this in our ongoing efforts to help educate interested entities. We would appreciate receiving this as soon as possible.

Link to the SCDUE Proposal (web page): <https://msp.scdhhs.gov/scdue/content/scdue-final-proposal-submitted-cms>

Link to the SCDUE Proposal's Letters of Support [PDF

document]: <https://msp.scdhhs.gov/scdue/sites/default/files/SCDUE%20Proposal%20Appendix%20S.%20Letters%20of%20Support%20May%2025,%202012.pdf>

Letters of Support for South Carolina's Dual Eligible Demonstration (SCDUE) Proposal

1. State of South Carolina Office of the Governor
2. State of South Carolina Office of the Lieutenant Governor
3. AARP South Carolina
4. Absolute Total Care®
5. Alzheimer's Association South Carolina Chapter
6. BlueChoice® HealthPlan of South Carolina
7. CarePro Health Services
8. Greenville Hospital System University Medical Center
9. Greenville Hospital System University Medical Center
10. LeadingAge™ South Carolina
11. Lutheran Homes of South Carolina
12. Palmetto SeniorCare Palmetto Health (PACE Program)
13. Palmetto Physician Connections
14. Protection & Advocacy for People with Disabilities, Inc
15. South Carolina Association of Personal Care Providers (SCAPCP)
16. South Carolina Association of Personal Care Providers (SCAPCP)
17. South Carolina Health Care Association (SCHCA)
18. South Carolina Home Care & Hospice Association
19. South Carolina Hospital Association (SCHA)
20. South Carolina Institute of Medicine & Public Health (IMPH)
21. South Carolina Primary Health Care Association (SCPHCA)
22. South Carolina Respite Coalition
23. South Carolina Solutions
24. State of South Carolina Department of Mental Health (DMH)
25. The Carolinas Center for Hospice and End Of Life Care
26. UnitedHealthcare® Community Plan

. Don't hesitate to contact me if you should have questions and/or experience technical challenges with accessing the materials and URLs provided within this email.

Have a great weekend.

Respectfully,

-Nate

Nathaniel J. Patterson, MHA
Project Director
S.C. Dept. of Health and Human Services
1801 Main Street
P.O. Box 8206
Columbia, SC 29202-8206
(803) 898-2018 | Office
(803) 255-8209 | Fax
natnat@scdhhs.gov

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If you have received this in error, please notify us immediately and destroy the related message.



Proposal to the Centers for Medicare & Medicaid Innovation State Demonstration to Integrate Care for Dually Eligible Individuals

May 25, 2012

The South Carolina Department of Health and Human Services (SCDHHS) is one of fifteen states awarded an 18-month planning grant from the Centers for Medicare and Medicaid Services (CMS) to develop a service delivery model that integrates care for individuals who receive services from both Medicare and Medicaid.

Demonstration

The South Carolina Dual Eligible (SCDuE) Demonstration Project provides the opportunity to address the weaknesses in the current system by realigning incentives to allow Medicare and Medicaid services to work in a single system. In addition, through shared savings, the State will be able to focus on preventative services and on delaying or eliminating the need for more costly institutional long-term care (LTC), and avoidable emergency department visits and hospital stays.

South Carolina's Dual Eligible Demonstration Population

This Demonstration is targeting approximately 68,000 of South Carolina's 131,090 dual eligibles who meet the following Demonstration criteria at time of enrollment: Full benefit (Medicare and Medicaid)¹, 65 years of age and older, Non-institutional (including all HCBS waivers), and not enrolled in PACE.

Geographic Service Area & Implementation Dates

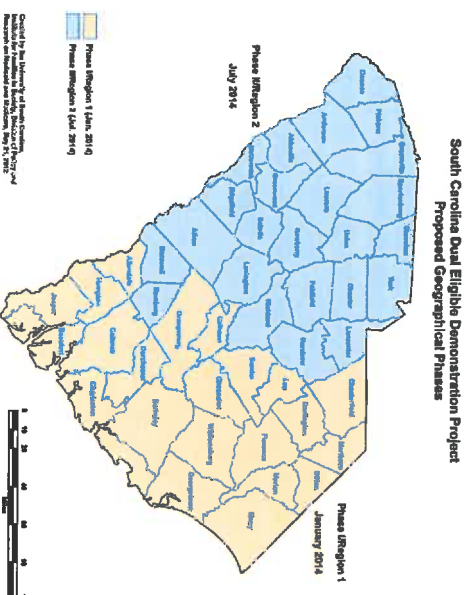
The SCDuE implementation will be phased-in over two geographical regions. Phase I enrollment begins in October 2013 for Region-1 with services beginning January 2014. Phase II enrollment begins in April 2014 for Region-2 with services beginning July 2014. Therefore, services will be available statewide by July 2014.

Benefits Covered

The SCDuE Demonstration will include a full continuum of Medicare and Medicaid services, including behavioral health and nursing facility services, to consumers who are fully managed, coordinated and authorized through the Coordinated and Integrated Care Organization (CICO) and its network of Patient Centered Medical Homes (PCMH). Although not carved-into the capitated rate, home and community-based LTC services will be integrated in the care planning process and coordinated with the CICO/PCMH through the SCDHHS, Bureau of Community Long Term Care.

Stakeholder Engagement & Input

Strategic planning, which included a team of private and public stakeholders and subject matter experts from across the health care services and public policy arenas, was initiated in July 2011 and continued through March 22, 2012. The engagement of stakeholders included formal meetings with work group members, conference calls, key informant interviews, meetings of advocates and consumers, a 30-day public comment period, and three public meetings around the state.



¹ No exclusions based on diagnoses or condition(s).

, Monday, June 18, 12

NAMD Requests: SCDue Demonstration Real-World Stories

Jessie is a 67-year-old female living with HIV. Jessie has a history of chronic anemia and Hepatitis B. She also suffers from an untreated anxiety disorder. She currently lives with her elderly parents in a small apartment. Although she has repeatedly tried to maintain an independent living situation, she lacks the skills needed to budget her limited income to cover rent, utilities, food, and personal items. She declines to go to the local mental health center because she once had "a bad experience" there. She has no reliable means of transportation and is too paranoid to take the city bus or Medicaid van to her scheduled medical appointments. Because of her many "no shows," her primary doctor now refuses to treat Jessie, and her infectious diseases specialist is not happy that she recently missed the appointment to have her annual lab work completed. She feels incapable of making even short-term plans for her future.

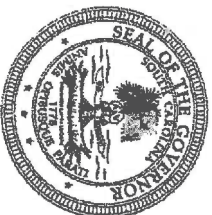
Susie is a 52-year-old female with a number of chronic health conditions. She is covered by both Medicare and Medicaid, but has recently signed on with Hospice. Her diagnoses include; allergies, anxiety disorder, arthritis, cardiac disease, COPD, depression, diabetes, hypertension, hypothyroidism, and a previous stroke. She is confined to a wheelchair at all times and uses continuous oxygen. She needs assistance with all ADL's and most IADL's. "Susie" is not able to get as many hours of assistance with Hospice, but chose to sign on with them because of her lack of medication coverage.

Betty is a 55-year-old lady that receives both Medicare and Medicaid benefits. She has multiple chronic health conditions including diabetes, congested heart failure, hypertension, peripheral vascular disease and renal failure. She goes to dialysis three times a week. Betty's left leg was amputated below the knee in February 2010. She has had various problems with the stump since the amputation and has struggled to regain her mobility. Betty remains adamant about remaining in her home and at this time is not willing to even consider the possibility of being admitting to a long term care facility. She has no primary caregiver but has managed to maintain enough of a support system along with the support of CLTC waiver services to remain in her home. Betty has been admitted to the hospital five times in the past six months as well as having made several trips to the ER. She is currently hospitalized because of problems with the left amputation stump. The doctors have been monitoring the right foot very closely because she has impaired circulation in the right leg. According to Betty, "the doctor told me I might lose my right foot and I don't know what I will do if I lose both of my legs".

Eunice is a 90-year-old female residing in a rural county in South Carolina. She has worked several jobs during her employable years until she had a stroke with paralysis, which resulted in early retirement for her. Eunice's last job was that of an Elevator Operator in a hospital in the state of New Jersey. Eunice

, Monday, June 18, 12

often talks about all of the jobs that she has worked and wishes that she was still able to work. In addition to having had a stroke, Eunice also has the following medical problems: Arthritis with severe pains, Cardiac Disease, Congestive Heart Failure, Hypertension, Hypothyroidism, and Diabetes. Eunice is Dual Eligible. She receives Medicare and Medicaid. Eunice has one daughter who resides in New Jersey, a granddaughter who also resides in Jersey, a Nephew who lives nearby and comes to prepare medications and runs errands when he has the time. Eunice gets her medications from a small Pharmacy that is located outside city limits – a number of miles from her home. Transportation is also a significant challenge for Eunice. She relies heavily on her nephew for transportation needs, such as transportation to doctor appointments and medical needs. Eunice faces significant challenges on a daily basis due to her medical condition that requires extensive assistance with all ADL'S and IADL'S. Eunice is a pleasant individual, talks about being of old age, enjoys talking about past life experiences and her present life experiences.



Log II 456

State of South Carolina Office of the Governor

NIKKI R. HALEY
GOVERNOR

1205 PENDLETON STREET
COLUMBIA 29201

May 24, 2012

Ms. Melanie Bella
Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Mail Stop: Room 315-H
Washington, D.C. 20201

Dear Ms. Bella,

I am writing you in support of the Draft Dual Eligible Demonstration Proposal submitted by the South Carolina Department of Health and Human Services (SCDHHS). This demonstration affords South Carolina the opportunity to establish innovative approaches to the delivery of Medicare and Medicaid services to our beneficiaries.

South Carolina's dual eligible beneficiaries receive health care services in a variety of settings and from a diverse body of health care providers. Like other states across the U.S., South Carolina's dual eligibles represent the most chronically ill beneficiaries and account for a large portion of the Medicaid program's annual spending. Today, despite significant advancements in medicine and technology, there is inconsistency in the quality of care—presenting challenges to a truly integrated and coordinated system of care. The alignment of Medicare and Medicaid, along with the convergence of primary, behavioral, and long-term services and supports, is considered one approach to the advancement of health care quality.

Designing a new model of care unique to South Carolina requires broad strategic planning, stakeholder engagement, and a public-private collaborative. In order to ensure the successful statewide implementation of this demonstration, a specific effort was made to establish an advisory group with representation from across the medical, academic, and public policy arenas. The allocations made for this extensive stakeholder engagement have been essential in advance of this strategic effort. It is clear that this demonstration proposal has been built around communal principles and tenets necessary for achieving a fully-integrated system of care. Such collaboration will continue to be the hallmark of our strategic planning efforts.

Ms. Bella

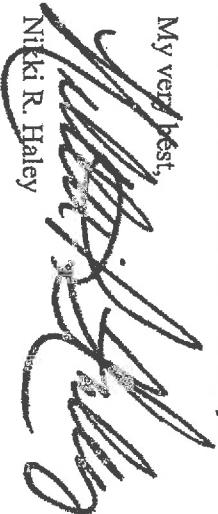
May 24, 2012

Page 2

In conclusion, this demonstration is an essential component of our commitment to managing the costs and improving care coordination and health outcomes for all Medicaid beneficiaries within South Carolina. Throughout the course of this planning phase, the Medicare-Medicaid Coordination Office (MMCO) has been a consistent presence in this effort and has served to foster a collaborative approach in all aspects of design and development of this demonstration proposal. We look forward to enhancing this innovative partnership that will support effective strategies for improving the quality of care for all dual eligibles in South Carolina.

Thank you for your consideration of this matter; please do not hesitate to contact me if I may be of assistance on this or any other issue.

My very best,

A handwritten signature in black ink, appearing to read "Nikki R. Haley", written in a cursive style.

Nikki R. Haley

NRH/jdb



State of South Carolina
Office of the Lieutenant Governor

Glenn McConnell
Lieutenant Governor

Office on Aging
Tony Kestey
Director

May 21, 2012

Tony Keck, Director
SCDHH
P.O. Box 8206
Columbia, SC 29202

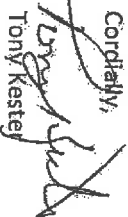
Dear Mr. Keck:

The Lt. Governor's Office on Aging (LGOA) is pleased to submit this letter in support of the South Carolina Department of Health and Human Services (DHHS) application for a Center for Medicare and Medicaid Innovation Grant to Demonstrate the Integration of Care for Dually Eligible Individuals (SC DUE). We applaud your model which provides the opportunity to address the weaknesses in the current system by realigning incentives to allow Medicare and Medicaid services to work in a single system.

The LGOA is the State Unit on Aging and is responsible for administering Older Americans Act funding. We work with a network of regional and local organizations to develop and manage programs and services to improve the quality of life for our older adults and to help them remain independent in their homes and communities as long as possible. This delays or eliminates the need for more costly institutional long-term care and avoidable hospital stays. Each year, we help approximately 34,000 older adults who have the greatest social, economic and health needs as well as those in rural areas and low-income older adults. In addition, the LGOA works with many other state agencies, as well as the private sector to coordinate the needs and interests of older adults and to develop new resources.

There are approximately 916,000 older South Carolinians, of which 68,000 meet the eligibility criteria for this proposed program. During the past year, the aging network assisted 16,368 Dual Eligibles through the State Health Insurance Assistance Program (SHIP). These same SHIP Counselors as well as the Information and Referral Specialists at the Aging and Disability Resource Centers (ADRCs) will be able to assist these older adults access services such as primary care, behavioral health services, evidence-based prevention programs and LTC services, while lowering the cost of their care.

The LGOA has had a long history of collaboration with DHHS through programs such as SHIP, ADRCs, MFP, MDS 3.0 Section Q and SC DUE. The Deputy Director for Aging Services is a member of the Integrated Care Workgroup and will continue on that committee during the implementation phase. Your proposed model fits well into our mission and we very much look forward to working with you in its implementation across South Carolina.

Cordially,

Tony Kestey
Director



AARP South Carolina
1201 Main Street
Suite 1280
Columbia, SC 29201
T 1-866-389-5655
F 803-251-4374
www.aarp.org/sc

South Carolina Dual Eligible Demonstration Proposal Letter of Support

May 25, 2012

Nathaniel Patterson
SCDUE Project Director
S.C. Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202

Dear Director Patterson,

AARP South Carolina is delighted to be included in the South Carolina Dual Eligible Demonstration initiative. We have worked closely with the South Carolina Department of Health and Human Services on many issues related to better care of older people and people with disabilities in our state. Director Tony Keck and Deputy Director Sam Waldrup continually demonstrate a spirit of collaboration and partnership with AARP and the other advocates for improved health care. This strong teamwork will improve our chances of successfully coordinating the care of Dual Eligibles.

The AARP Policy Book states, "Acute, chronic, and long-term care services should be coordinated and integrated to ensure a continuum of care throughout an individual's lifetime. Providers and patients should work together to coordinate the delivery of all health care services and support in order to address effectively an individual's multiple and/or changing health care needs and to avoid disruption. Providers, individuals, and caregivers should work together to meet all patient-care needs. Payers, including governments, should create incentives for care coordination, appropriately compensate all service providers, and assist with resource integration."

In addition, our policy encourages the following, "Containing unproductive health care spending and cost growth should be a shared responsibility. Providers, purchasers, government, and consumers all have a role to play. Design of the delivery system, health benefits, and provider reimbursement can potentially contribute to improving health care quality and efficiency while eliminating waste and inappropriate care. Changes in these areas should be grounded in strong scientific evidence in order to inform both consumers' and providers' decisions about appropriate care. To achieve cost containment over the long term, government and the private sector will need to invest in an infrastructure to support quality improvement and cost containment through solid evidence, tools to broadly assess performance, adoption of effective health information technology, and aligning payment incentives with quality and reduced costs."

We want to commend both the South Carolina Department of Health and Human Services and the Centers for Medicare and Medicaid Services for tackling these huge issues through the Dual Eligible Demonstration Projects. Improving care and containing costs are not mutually exclusive as research has shown and SCDUE is a critical first step in the transformation of our health care system.

Because this population is among the frailest and most vulnerable, AARP is committed to ensuring that any transition to a new system is seamless and improves their quality of care and quality of life. Enrollment and continuity of care, grievances and appeals, oversight and accountability, and

evaluation and quality metrics are key areas that we will work with SCDHHS to insure that those processes meet high standards.

We appreciate the opportunity to voice our support of a system that can better coordinate the care and improve the health of dual eligibles and look forward to working closely with SCDHHS.

Sincerely,

A handwritten signature in cursive script that reads "Jane Wiley".

Jane Wiley, State Director
AARP South Carolina

ABSOLUTE TOTAL CARE

TOTAL

South Carolina
HealthyConnections



1441 Main Street, Columbia, South Carolina 29201 • Toll Free 1-866-433-6041 • www.absolutetotalcare.com

May 24, 2012

South Carolina Department of Health and Human Services (SCDHHS)

Attn.: Sam Waldrep, Deputy Director, Long Term Care and Behavioral Health Services
P.O. Box 8206

Columbia, SC 29202

Re: Letter of Support – Dual Eligible Demonstration Project

Dear Mr. Waldrep:

On behalf of Absolute Total Care (ATC), I am pleased to provide this letter of support for the South Carolina Department of Health and Human Services for submission to the CMS' Center for Medicaid and Medicare Innovation. As a managed care organization with a vested interest in the betterment of our citizens' healthcare in South Carolina, ATC believes the introduction of the Dual Eligible Demonstration Project will improve access, quality and cost of care for individuals with chronic and complex health conditions.

We have reviewed the draft proposal and support the approach outlined by SCDHHS designing an approach to care that better aligns Medicare and Medicaid services through high intensity care management, integration of funding streams, technology and the delivery of services to reduce fragmentation and confusion among this highly vulnerable population.

Absolute Total Care is confident that SCDHHS will utilize every opportunity to enrich South Carolina's healthcare system. Furthermore, we are enthused about continuing our collaboration with SCDHHS to see this project fulfilled.

If you need more information concerning our recommendation, please let me know.

Sincerely,

A handwritten signature in dark ink, appearing to read "Paul Accardi".

Paul Accardi
Chief Operating Officer
Absolute Total Care
1-803-933-3638

alzheimer's association®

SOUTH CAROLINA CHAPTER OFFICES

Anderson (Main) Office:

4124 Clemson Blvd
Suite L
Anderson, SC 29621
864.224.3045
800.273.2555 (toll free)
864.225.1387 (fax)

Greenville Area Office:

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866.844.0995 (toll free)
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Lowcountry Area Office:

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800.860.1444 (toll free)
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Midlands Area Office:

3223 Sunset Blvd, Suite 100
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803.791.3430
800.636.3346 (toll free)
803.791.8388 (fax)

Myrtle Beach Area Office:

1039 44th Ave North
Suite 201
Myrtle Beach, SC 29577
843.213.1516
843.213.1529 (fax)

Spartanburg Area Office:

901 South Pine St
Spartanburg, SC 29302
864.542.9998
800.908.9690 (toll free)
864.542.0833 (fax)



Community Partner

www.alz.org/sc

May 16, 2012

Nathaniel Patterson, SC DUE Project Director
SC Department of Health & Human Services
P.O. Box 8206
Columbia, SC 29202

RE: South Carolina Demonstration Proposal Draft Public Comments

Dear Nathaniel:

The Alzheimer's Association, South Carolina Chapter, would like to convey our thanks to you and the Department of Health and Human Services for your leadership on the SCDUE demonstration project. We are pleased to see that the proposal reflects the spirited discussions of the SCDUE workgroup.

We applaud the holistic approach to care integration, especially the engagement of family caregivers in the multidisciplinary care team functions, including care planning, care compliance, and educational opportunities. This is critical for improving health outcomes for persons with Alzheimer's disease or related dementia. Considering that individuals with Alzheimer's disease cost Medicaid nineteen times more than those without dementia, and cost Medicare three times more, integrating care and financing for dual eligibles is of tremendous importance. (Source: Alzheimer's Association, 2012 Alzheimer's Disease Facts and Figures, Alzheimer's & Dementia, Volume 8, Issue 2)

We also applaud the commitment to provide home and community based services for everyone in the demonstration who meet service criteria with no waiting list. We are particularly interested in the proposal to provide enhanced services, such as home delivered meals, homemaker services and adult day care, to participants prior to their meeting nursing facility level of care. These types of supports can help family caregivers keep their loved ones with dementia at home for as long as possible before seeking more costly institutional levels of care. We encourage you to consider caregiver respite as a potential enhanced service for enrollees, based on their risk level.

While we understand the need to enroll a "critical mass" of participants in order to ensure adequate provider networks, we are concerned that the passive enrollment system may result in confusion for individuals with dementia. Dementia must be considered as a potential barrier to successful outreach, and should be addressed along with other considerations that have been identified, such as low reading level, alternative language, or visual challenges. Further, we have two specific questions related to the passive enrollment proposal:

1. Will these automatically enrolled individuals have the opportunity to be advised by the Enrollment Banker as to the best plan for them?
2. Will the outreach and enrollment process be open to the involvement of family caregivers?

alzheimer's association®

SOUTH CAROLINA CHAPTER OFFICES

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Midlands Area Office:

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Community Partner

www.alz.org/sc

Care coordination will be the key to successful implementation of this demonstration, and we are pleased to see that it will begin with a comprehensive needs assessment, including caregiver assessment for high risk individuals. Since half or more of individuals meeting specific diagnostic criteria for dementia have never received a diagnosis, we would like to see this needs assessment include detection and diagnosis of cognitive impairment and dementia. Wherever cognitive impairment or dementia is present, that must be the starting point for care coordination and a key consideration for addressing other health concerns.

Finally, the demonstration proposal states that CICOs will ensure that providers in their networks have demonstrated expertise with complex geriatric populations. We would like to see this include a standard level of understanding of dementia. Too often direct care staff are unprepared to address the unique needs and challenges of a patient with dementia.

The Alzheimer's Association is pleased to have been part of the SCDuE workgroup, and we would like to continue to support this effort as it unfolds. Please contact me at our Spartanburg Area Office if our chapter can assist in obtaining further beneficiary input. We are happy to do what we can to ensure this demonstration works for everyone.

Best regards,

Beth M. Sulkowski

Beth Sulkowski
Senior Director, Communications & Advocacy
Alzheimer's Association
South Carolina Chapter



Medicaid



May 23, 2012

Nathaniel Patterson
South Carolina Department of Health and Human Services
1801 Main Street
Columbia, SC 29202

Dear Nate,

Thanks for coordinating the Dual Eligible Workgroup meetings over the last several months and for allowing an opportunity for stakeholders to provide input into the design of the South Carolina demonstration. I appreciate the opportunity to collaborate on ways to effectively manage the Dual Eligible population. Having reviewed the draft Dual Eligible proposal, I am very excited to see the patient-centered medical home (PCMH) be the core foundation for this initiative. Additionally, having multiple stakeholders involved on the PCMH team, including non-physician care managers, is an important part of effective care management for this population. Though we are far from implementation and challenges remain, I think we are off to a good start and I look forward to further collaboration to ensure this demonstration is successful.

Sincerely,

A handwritten signature in black ink, appearing to read 'Scott Graves'.

Scott Graves
Vice President, Medicaid Managed Care
BlueChoice HealthPlan



P.O. Box 2626
Columbia, SC 29202

May 22, 2012



1800 Main St. Suite 100
Columbia, SC 29201
Tel. 803.758.4000
Fax 803.758.4001

Nathaniel Patterson
SC DUE Project
SC Department of Health and Human Services
P.O. Box 8206
Columbia, S.C. 29202

Dear Mr. Patterson,

I am pleased to write this letter of support for South Carolina's application for funding under the Centers for Medicare and Medicaid Services (CMS) Innovations Center "State Demonstration Initiative to Integrate Care for Dual Eligible Individuals".

Branch Offices

Referral Line
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800.276.5168

CarePro Health Services
2175-F Ashley Phosphate Rd.
N. Charleston, SC 29407
Tel. 843.569.0033
Fax 843.569.0062

CarePro Health Services
1901 Laurens Rd. Suite G
Greenville, SC 29607
Tel. 877.696.6331
Fax 864.250.0037

CarePro Health Services
1924 India Hook Road
Rock Hill, SC 29732
Tel. 800.579.6331
Fax. 803.980.4365

CarePro Health Services
109 Laurel St.
Florence, SC 29501
Tel. 800.815.6331
Fax 843.667.4746

CarePro Health Services
1021 15th St. Suite 1
Augusta, GA 30901
Tel. 706.774.0042
Fax 706.774.0007

www.careproh.com

Persons dually eligible for Medicare and Medicaid in South Carolina are among the poorest, sickest and most frail in our State. Often times care is fragmented and uncoordinated for this population of people resulting in poor outcomes. The proposed design will include all of the Health Home services including: comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and use of health information technology to link services, as feasible and appropriate.

We have been working with Community Long Term Care as a provider of Personal Care Services for over 20 years. Our Company also provides Home Health and Hospice Services. I am most pleased that the focus of this initiative will be on coordinating care and services and will not adversely affect client care.

We look forward to continuing our work with you through a successful SCDUE Project.

Sincerely,

Valerie M. Alken
State Director



**GREENVILLE HOSPITAL SYSTEM
UNIVERSITY MEDICAL CENTER**

May 24, 2012

SC Dual Eligible Proposal Public Comments
C/O Nathaniel Patterson
S.C. Dept. of Health and Human Services
P.O. Box 8206
Columbia, SC 29202

Dear Director Anthony Keck:

I am writing to express my support of the South Carolina Dual Eligible (SCDuE) Demonstration Project. I have had the opportunity to be involved in the work group meetings, and feel like the project will help address the issues surrounding the dual eligibles in South Carolina.

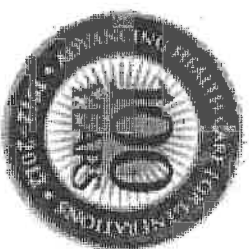
Currently the Medicare and Medicaid programs are not coordinated and this project will help improve the system by aligning incentives to encourage the two programs to work as one. Another major focus of SCDuE will be to increase access to primary care, behavioral health and long-term care services for seniors in our state. Access to healthcare remains a constant issue, and the SCDuE project will help solve this problem by improving care coordination for a population with chronic conditions.

By improving care coordination, providing home- and community-based care and transforming healthcare through payment reform the SCDuE Demonstration Project will produce improved health outcomes.

Please let me know how Greenville Hospital System can help support and be a part of this unique project.

Sincerely,

Angelo Sinopoli, MD
VP, Clinical Integration
Chief Medical Officer



May 24, 2012

Nathaniel J. Patterson, MHA
Project Director
S.C. Dept. of Health & Human Services
1801 Main Street
Columbia, SC 29201
(803) 898-2018 | Office
(803) 255-8209 | Fax
natnat@scdhhs.gov

Mr. Patterson and Mr. Waldrep,

I am writing this message in support of the proposed South Carolina Dual Eligible Demonstration Project. The benefits of this proposal are multi-faceted;

- 1) Coordination of Medicaid and Medicare programs and benefits for our SC residents.
- 2) Improved access to care and services for our most vulnerable residents. Continuity of care and enhanced access to care for our dual eligible residents will support better long term health outcomes.
- 3) Improved efficiencies between services and agencies will result in better forecasting for budgeting and programs. The proposed Dual Eligible Demonstration project will alleviate gaps between programs as well as reduce costs and duplication between existing programs.
- 4) Better transitions in care between the many settings and programs that exist today for those with chronic healthcare needs. Examples include; enhanced access to a primary care provider, continuity of care for the resident, and focused medication management.

As an active member of the task force involved in the development of this proposal, I have been impressed with the diversity of broad representation from healthcare clinicians, advocacy groups, agencies, and various programs from across our state. The team approach was instrumental to exploring all aspects of unmet care needs for our dual eligible residents and the development of a proposal that will enhance care coordination.

Your support for the proposed Dual Eligible Demonstration project is vital to the future for this population.

Sincerely

Grace Dotson, RN, MS, CMAc, CPUR
Director, Hospital Case Management
864-455-7940

GREENVILLE HOSPITAL SYSTEM UNIVERSITY MEDICAL CENTER
701 GROVE ROAD • GREENVILLE, SC 29605 • (864) 455-7000

LeadingAge™

South Carolina

the voice of senior services

May 22, 2012

Mr. Nathaniel Patterson
SC DHHS
Post Office Box 8206
Columbia, SC 29201

Dear Mr. Patterson:

On behalf of LeadingAge South Carolina, it is my pleasure to write this letter of support for the South Carolina Dual Eligible Demonstration Proposal (SCDuE). LeadingAge South Carolina is a not-for-profit association representing not-for-profit providers of long term care that includes retirement housing, assisted living, skilled nursing, hospice and home health for the elders of South Carolina.

One of the key benefits to implementing the DuE program in South Carolina would be providing access to persons for needed services such as primary care, behavioral health and long term care. These persons typically have chronic conditions that require coordinated care and the DuE would provide this option with the potential of improved health outcomes.

We see as one of the most important opportunities for the SCDuE is the coordination between Medicare and Medicaid. These programs do not currently provide quality coordinated care and are most often confusing to the population they serve. It would be a great opportunity to for South Carolinians to have the option of being a part of a new concept implementing a fresh approach to services and care.

Having been a member of the SCDuE workgroup for the past year, it has been a great opportunity to learn more about the DuE project and the benefits it would provide to our South Carolinians. We encourage you to allow the SCDuE program to move forward by approving the proposal and thank you for the opportunity to provide support.

Most Sincerely Yours,

Vickie

Vickie L. Moody
President/CEO



Lutheran Homes
of South Carolina
Promoting the well-being of older adults

300 Ministry Drive
Irmoo, SC 29063-2366

o: 803.749.5110
f: 803.749.5111
w: lutheranhomessc.org

May 22, 2012

Anthony Keck, Director
SC Department of Health and Human Services
1801 Main Street
Columbia, SC 29201

Re: SC Dually Eligible Proposal

Dear Director Keck:

South Carolina's Dually Eligible (SCDUE) Demonstration proposal will make fundamental changes in South Carolina's health care delivery system. While the plan is aggressive and may contain elements that some organizations and individuals find objectionable, the goals of improving health care quality and containing cost of care through coordination of Medicare and Medicaid services for some of the state's most needed residents are achievable.

The state has been fortunate to have the experience of a fully integrated PACE program, Palmetto SeniorCare, to see firsthand the advantages of better coordinated care between Medicare and Medicaid for a nursing home eligible population. And, while SCDUE's target population is somewhat different and often underserved, health care delivery process measures and health outcomes for the thousands of non-institutionalized individuals this less frail population should improve.

SCDUE's target group includes individuals who will benefit from a more coordinated health care delivery system and who are likely to enroll in the program. From my personal research approximately 20 years ago as part of the Social HMO demonstration, we learned that non-institutionalized dually eligible South Carolinians would very likely enroll "in an organized system of care in which all health care providers knew about my health care needs and worked together to address them". Based on this research and assuming that today's non-institutionalized dually eligible population is similar to the same category of dually eligible individuals in the early 1990's, I believe the "opt out" system of enrollment will be very successful, and SCDUE's enrollment goals will be met.

Thank you for inviting me to participate in the planning and development process.

Sincerely,

Thomas E Brown, Jr, DRPH
President and CEO



May 22, 2012

Anthony Keck, Director
SC Department of Health and Human Services
1801 Main Street
Columbia, SC 29201

Re: SC Dually Eligible Proposal

Dear Mr. Keck:

South Carolina's Dually Eligible (SCDUE) Demonstration proposal will address the health care of many South Carolina's most vulnerable population. While the challenges of linking Medicare and Medicaid into a single seamless model of care are daunting, it is essential that the state gain experience in managing care for this population in order to weather the reduction in financial resources. This will require providers and payers collaborating together to design processes of care that efficiently and effectively address the needs of a dual eligible population.

For the last 25 years, South Carolina has had in place a PACE program, Palmetto SeniorCare which not only represents the epitome of a medical home but effectively coordinates care for a Medicare and Medicaid, nursing home eligible population. The SCDUE's target population is non-institutionalized individuals that are less frail than PACE, never the less, much of the infrastructure of PACE has applicability to the duals. PACE has much to offer providers and payers to learn from as a different network of care is developed to meet the needs of an older and frailer population than has been traditionally served in a managed care model in South Carolina. Payers who have no experience managing this population must understand the infrastructure that is needed and be willing to support that infrastructure, so that providers are capable of managing care and risk for the population.

On behalf of Palmetto SeniorCare, we offer support of this endeavor and are willing to assist with the process in any way necessary to make it successful. Thank you for the opportunity to be part of the development process.

Sincerely,

A handwritten signature in cursive script, appearing to read "Judy Baskins".

Judy Baskins
Vice President, Clinical Integration and Post Acute Care
Palmetto Health



May 11, 2012

Nathaniel J. Patterson, MHA

SCDuE Project Director

South Carolina Department of Health and Human Services

1801 Main Street, Room 719

Columbia, SC 29201

Sent Via E-Mail

RE: *South Carolina Demonstration Proposal Draft Public Comments:
Letter and Support and Questions*

Dear Mr. Patterson:

Thank you for seeking comments regarding the South Carolina Dual Eligible Demonstration Proposal. Palmetto Physician Connections ("PPC") is proud to be an SCDuE-ICW member and to work with you and your team to help design and launch the program.

As a Greenville, SC based statewide Medical Homes Network ("MHN") plan in the State, we currently provide care coordination for South Carolina Dual Eligible beneficiaries. We understand firsthand the value and importance of care coordination for our members. We recognize that Dual Eligible members are some of the most vulnerable residents in our state and need additional services and benefits as outlined in the SCDuE Proposal.

We believe we are in a unique position to advocate for this new program firsthand with our provider network that spans all 46 South Carolina counties in the State. In our current care coordinating relationship, as the MHN for our Dual Eligible members, we can and will be able to advocate the benefits this new program will offer for the patient, the provider and the State at large in our day to day work with providers and our members whom will be part of the transition in all three regions.

To that end, PPC is in full support of this initiative described in the proposal.

Let us also please take this opportunity to submit nine (9) questions.

Mr. Nathaniel J. Patterson
May 11, 2012
Page 2 of 3

1. The proposal indicates that the implementation will be rolled out in geographic regions based on dates beginning January 2014 and going statewide in January 2015. Will the state consider the experiences of each phase prior to expanding to other phases and statewide in order to mitigate any issues that are identified during rollout?
2. Since the Coordinated and Integrated Care Organization (CICO) is not currently a recognized entity with the Department of Insurance (DOI), what DOI standards will need to be met in order to meet participation requirements as a CICO management entity?
3. The proposal acknowledges that sufficient enrollment and consumer choice of CICOs are key aspects to an improved service delivery system. To that end, how many CICOs does the state plan to contract with to serve this population?
4. The proposal indicates that CICOs will be encouraged to offer supplemental benefits currently not covered or that are limited in existing benefit packages. Will the assumptions used to establish a capitation payment include any of the proposed additional services outlined in Appendix E?
5. In order to achieve maximum coordination and integration, would the agency consider including the home and community based waiver system services in the capitation rate? Excluding the home and community based services from the capitated payment while including the nursing home payments could result in duplication and greater costs to the state.
6. In anticipation of network development and negotiating provider reimbursement rates, will the capitation rate be based on the Medicaid fee schedule or will the rate be based using the Medicare base rate?
7. Will signed provider agreements and/or signed provider letters of intent be need to be submitted with the RFP? If not, when will provider agreements need executed?
8. We understand the enrollment will be passive. But will this program also allow for a sales enrollment process through the use of licensed sales agents as seen with Medicare Advantage plans?
9. Considering the need to help South Carolina maintain as many jobs as possible in the State, will the RFP allow for preferential points / additional points for South Carolina domiciled CICOs that will maintain most if not all of their workforce for this program in the State?

* * *

Mr. Nathaniel J. Patterson

May 11, 2012

Page 3 of 3

We look forward to the potential to expand our relationship with the South Carolina Department of Health and Human Services, which undoubtedly will expand service delivery to Medicaid beneficiaries and service to the community.

Sincerely,

A handwritten signature in dark ink, appearing to read "Cesar D. Martinez". The signature is fluid and cursive, with the first name "Cesar" being more prominent and the last name "Martinez" written in a more compact, connected style.

Cesar D. Martinez
Chief Executive Officer

CC: Gerald E. Harmon, MD, Medical Director, PPC

P&A

PROTECTION & ADVOCACY
FOR PEOPLE WITH DISABILITIES, INC

The Protection & Advocacy System for South Carolina

May 24, 2012

Mr. Anthony Keck, Director
S.C. Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202

By email and U.S. Mail

Re: Letter of Support for Dual Eligible Demonstration Grant

Dear Director Keck:


Protection and Advocacy for People with Disabilities, Inc. (P&A) is the nonprofit organization designated by state and federal law to advocate on behalf of beneficiaries with disabilities, including adults with disabilities over age 65 who receive both Medicare and Medicaid (dual eligibles). P&A supports the goals of the demonstration grant to keep people in their homes and communities, ensure that recipients receive coordinated care, and reduce costs. We appreciated the opportunity to participate in committees and a public hearing, and to have the opportunity to submit comments during the development of the grant proposal.

As you are aware, we support meaningful participation by both consumers and advocates for beneficiaries in all stages of development of the waiver, including design of the enrollment/opt-out process and the grievance and appeal process.

We are pleased that there are plans for advocacy and community groups as well as SCDHHS and the MCAC to carefully review all marketing materials to ensure that accurate easily understood information is provided.

P&A looks forward to working with SCDHHS so that the demonstration grant results in dually eligible individuals with disabilities continuing to live in their homes and communities. If additional information is needed, please contact me at prevost@pandasc.org or at 803.217.6713.

Very truly yours,


Gloria Prevost
Executive Director

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(Voice and TTY)
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1-866-232-4525
(TTY)
Email:
info@pandasc.org

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FAX (843) 662-0786

LOW COUNTRY OFFICE

1569 SAM RITTENBERG BLVD.
CHARLESTON, SC 29407
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1-800-743-2553
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FAX (843) 571-0880

May 4, 2012

Nathaniel Patterson
SC Dual Eligible Proposal Public Comments
SC Department of Health and Human Services
P.O. Box 8206

SCAPCP

Columbia, SC 29202

Dear Nate:

On behalf of the SC Association of Personal Care Providers and as a member of the Due Work Group, I am pleased to offer comments regarding the draft proposal. SCAPCP very much appreciates the efforts by the Department of Health and Human Services to rebalance Medicaid dollars to ensure our state's seniors and disabled population have the resources to remain in their homes. Home and community based services promote high quality care, higher quality of life, reduce Medicaid costs and reduce the need for more expensive institutional care. We are certain this demonstration grant will serve as an impetus to rebalance our community long term care dollars and will result in better health outcomes.

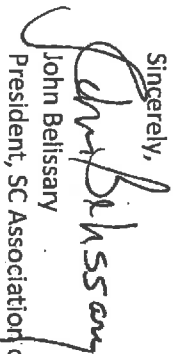
We endorse the draft report and look forward to working with the agency in the future as it explores the possibility of moving more home and community based services under the umbrella of managed and/or coordinated care. We appreciate the agency's approach of working with a smaller group, i.e. the dual eligible age 65 and older in order to ensure implementation is done appropriately to promote the best outcomes.

While we are not opposed to being part of the larger managed care umbrella, we do have reservations if the implementation is not done correctly. We believe it is imperative that managed care organizations have a clear understanding of home and community based services and that there are sufficient resources available. We stand ready to be a part of any education process and discussions relative to potential changes.

We are open to any discussions that will improve access and quality of care for the people we serve. As ideas continue to be debated we would like to emphasize that strong state oversight of managed care organizations (MCOs) is essential, and quality measures are of paramount importance. We would stress that the ideal would be strong and effective state oversight of the managed care organizations.

We appreciate the opportunity to be a part of this process and look forward to continuing to work with DHHS.

Sincerely,



John Belissary
President, SC Association of Personal Care Providers
2111 West Jody Road
Florence, SC 29501
(843) 629-0103

May 16, 2012

Nathaniel Patterson
SC Dual Eligible Proposal Public Comments
SC Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202

SCAPCP

Dear Nate:

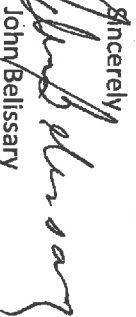
After additional review and consideration, the SC Association of Personal Care Providers would like to provide additional comments regarding the Dual Eligibles Demonstration Grant. The association requests that SCDHHS consider as part of the Dual Eligibles Demonstration Grant inclusion of Community Long Term Care (CLTC) waiver recipients over age 65 as part of the target population for initial enrollment. We believe these consumers can benefit from the care coordination offered through the demonstration.

Home and community-based service providers can offer much in enhancing the overall care coordination for waiver consumers. CLTC providers such as personal care providers are often the only constant and regular care component. Our providers see participants more regularly than the primary care physician or any other provider. We are uniquely qualified to track the health care needs of the individuals we serve. For those individuals who do not have family, we are often the only person who sees the individual on a regular basis. We are best situated and suited to know when there is a sharp decline in health, challenges with medication or behavioral concerns. We believe personal care is a significant component of the overall health and well-being of the people we serve. Therefore we need to play a key role in any discussions related to health care needs and appropriate services. The CLTC case manager can serve as a vital link between providers and the proposed multi-disciplinary team that will be responsible for the overall care coordination.

We would prefer to allow this population to be eligible for enrollment while continuing as a carve out waiver services from the capitation. This will ensure a smoother transition towards the managed care component while making patient care the # 1 priority. This is a great opportunity for the managed care companies to learn of the benefits of in-home care but still affords consumers the opportunity to have the most appropriate access to care. And this plan would allow those of us who see participants in their homes an opportunity to be a part of the decision making process as it relates to care and specific needs of the individual.

Thank you for your consideration of this request. We appreciate the opportunity to be a part of this process and look forward to continuing to work with DHHS.

Sincerely,



John Belissary
President, SC Association of Personal Care Providers
2111 West Jody Road
Florence, SC 29501
(843) 629-0103



J. Randal Lee
176 Laurelhurst Ave.
Columbia, S.C. 29210
May 23, 2012

SC Dual Eligible Proposal
Nathaniel Patterson
S.C. Department of Health and Human Services
P.O. Box 8206
Columbia, S.C. 29202

Dear Mr. Patterson:

South Carolina Health Care Association is supportive of the current SCDue Proposal that has been posted for public comment.

Our current system in South Carolina for citizens dually eligible for Medicare and Medicaid has several weaknesses that hinder them to access to quality cost effective health care.

The SCDue proposal addresses the current misalignment between the two programs and encourages coordination of a seamless patient centered services which will improve access to needed services for primary care, behavioral health services and long term care services for persons with chronic health care conditions.

SCDUE encourages providers to progress towards becoming a certified Patient-Centered Medical Home. Ensures care coordination and planning by an interdisciplinary team with a consumer directed component for personal services. It is committed to providing home and community based services for those citizens who meet that level of care.

Through patient centered quality cost effective coordinated services, SCDUE should result in improved health outcomes for the dually eligible citizens in S.C..

Sincerely,

J. Randal Lee

President South Carolina Health Care Association

jrl/kw



South Carolina
Home Care & Hospice
Association

3101 Industrial Drive
Suite 204
Raleigh, North Carolina 27609

Phone: 919.848.3450
Fax: 919.848.2355
E-mail: info@homeandhospicecare.org

May 23, 2012

Nathaniel J. Patterson, MHA
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202

Dear Mr. Patterson:

The South Carolina Home Care & Hospice Association is a thirty-three year old association representing certified home health agencies, hospices, and personal care/private duty home care agencies across the state. We have been pleased to work with you and the other members of the SCDuE Integrated Care Workgroup to develop a coordinated care model for the Medicare-Medicaid dual eligible population.

We are supportive of your efforts to increase the number of certified Patient-Centered Medical Homes and to ensure that beneficiaries receive appropriate services across the care continuum.

We share your goals of reducing avoidable emergency room visits, hospitalizations, and limiting institutional care. Our agencies are natural partners to help with implementation of your chronic disease management strategies.

Our Association of home health, home care, and hospice agencies is pleased to partner with you as this initiative moves forward.

Sincerely,

Timothy R. Rogers
Chief Executive Officer



1000 Center Point Road | Columbia, SC 29210-5802 | 803.796.2080 | SCHA.org

May 24, 2012

Nathaniel Patterson
SCDUE Project Director
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29201

Dear Nate:

On behalf of more than 100 member hospitals, the South Carolina Hospital Association (SCHA) applauds the efforts of CMS and the South Carolina Department of Health and Human Services (SCDHHS) to develop new ways of delivering care to vulnerable populations and to support the proposed South Carolina Dually Eligible (SCDUE) project.

We are proud that South Carolina is one of only 15 states in the country to pursue this planning grant. Our members' services include acute care, rehabilitation, long term acute care, and skilled nursing care provided by hospitals, nursing homes, home health agencies and physicians. Because our members provide almost every type of care needed by the Medicare and Medicaid Dually Eligible population, they are key stakeholders in the outcomes of this project.

Dually eligible individuals are among the most fragile South Carolina residents and suffer multiple chronic diseases. Many of these individuals do not have the support they need to navigate a complex health care system. This situation is further complicated when the two different payors have conflicting requirements. The SCHA supports the development of systems that would reduce fragmentation in the delivery of care and improve the health outcomes for these individuals.

Prevention must be a major part of evolving systems. Three out of every five South Carolina adults are either overweight or obese, putting them at increased risk for diabetes, hypertension, stroke, certain cancers, heart disease, high cholesterol, gall bladder disease, sleep apnea, depression, osteoarthritis and asthma. In 2003, obesity-related medical expenditures for adults in South Carolina were more than \$1 billion, with more than half of the costs paid by Medicaid and Medicare. Obviously, as we work to bring down the cost of health care, we can't ignore costs related to bad decisions or ignorance. We have to educate our population and change behavior. Not only can it save money, but it can also improve quality of life for so many.

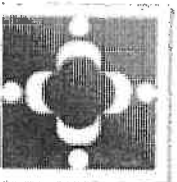
SCHA is working with SCDHHS, along with other providers and payers in our state, on an unprecedented effort to improve the quality and safety of care delivered, control the rising costs of care, and improve the health status of our state's population. Initiatives such as this SCDUE project are vital to our overall success.

Please feel free to contact me for more input on this project at tkirby@scha.org or (803)744-3542 for any further detail or questions that you may require. Thank you.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. Kirby", with a long horizontal flourish extending to the right.

J. Thornton Kirby, FACHE
President & CEO



South Carolina Institute of Medicine & Public Health

May 19, 2012

Nathaniel J. Patterson, MHA
Project Director, S.C. Dual Eligible (SCDuE)
S.C. Department of Health and Human Services
P.O. Box 8206
Columbia, S.C. 29202

Dear Mr. Patterson:

On behalf of the South Carolina Institute of Medicine and Public Health (SC IMPH), I am pleased to offer our support for the S.C. Department of Health and Human Services' Dual Eligible Demonstration Proposal. I am very familiar with the important objectives of this project from having participated in your numerous planning meetings and public information sessions, and I am hopeful that further funding will be made available to our state to continue your essential work.

As you know, SC IMPH acts as a nonpartisan convenor and resource for evidence-based information on the important health issues in our state. It is in this role that we serve to convene the statewide long-term care workgroup, which actively supports the objectives of your project. In particular, the need to enhance the coordination of the Medicare and Medicaid programs is seen as vital, as is the effort to improve access to needed services and care. It is my belief that such advancements can only be achieved through continued collaboration and innovation among key stakeholders. The Dual Eligible Project is an important effort in achieving these advancements and, ultimately, improving health outcomes in South Carolina.

Please accept this letter with my organization's full support for your proposal. My colleagues and I look forward to working with you and the leadership of the S.C. Department of Health and Human Services as you move forward in this uniquely important effort.

Sincerely,

Joseph L. (Lee) Pearson, MS, DrPH
Director of Operations



"Access to Quality Health Care for All South Carolina"

May 22, 2012

SC Department of Health and Human Services

Attn: Anthony Keck, Director

P. O. Box 8206

1801 Main Street

Columbia, SC 29202-8206

Re: Letter of Support for the SC Department of Health and Human Services' Dual Eligible
Demonstration Proposal

Dear Mr. Keck:

On behalf of the Board of Directors of the South Carolina Primary Health Care Association (SCPHCA), I am pleased to provide this letter of support for the SC Department of Health and Human Services' Dual Eligible (SCDuE) demonstration proposal to be submitted to the Centers for Medicare and Medicaid Services. It is my understanding that the SCDuE demonstration project seeks to better align coverage/services between the Medicare and Medicaid Programs, enhance access to needed services/care for our seniors, and improve health outcomes for beneficiaries. These efforts would not only impact the nearly 40,000 Medicare patients served by member Community Health Centers (CHC) in 2011 in a positive way, but would also assure clarity of coverage and reimbursement for dual-eligible beneficiaries for CHCs. The SCPHCA is committed to improving access to care, and is supportive of programs and initiatives that promote this objective.

The SCPHCA is the membership organization that represents all of South Carolina's CHCs, which are an integral part of the primary health care system in our state. In 2011, the 19 CHCs and the statewide migrant health voucher program provided quality, affordable, and community-based preventive and primary health care services to over 325,000 patients, nearly 110,000 of who are Medicaid beneficiaries, through 120 service sites. CHCs provide high quality comprehensive primary health and dental care to all patients while reducing inappropriate Emergency Room usage, overall health care costs, racial and ethnic health disparities, and barriers to care.

I wish you much success with your proposal. I look forward to continuing our collaborations to assure access to care for all in South Carolina.

Sincerely,


Lathran J. Woodard
Chief Executive Officer



PO Box 493
Columbia, SC 29202
(803) 935-5027
1 (866) 345-6786
screspitecoalition@yahoo.com
www.screspitecoalition.org

May 22, 2012

Mr. Sam Waldrep, Deputy Director
Long Term Care and Behavioral Health Services
SC Dept. of Health and Human Services
P.O. Box 8206
Columbia, SC 29202

I write in support of your application for a demonstration grant to improve coordination of care for people served by both Medicaid and Medicare. With the number of elders growing by the day, this cannot be too soon! Even while attempting to hold down costs, SC Department of Health and Human Services (DHHS) has always been so innovative and responsive to the needs of families that we have confidence in your approach and efforts.

At the Respite Coalition, we see the consequences of lack of collaboration among organizations. All too often there is unnecessary duplication, other people left un-served, rules that do not work for families and individuals, or a cookie cutter approach to addressing needs. There is far too much work in silos, concerned with separate funding streams and specific constituencies. There's no time or staff allocated to listen and coordinate anything! Acknowledgement of the family, as well as the individual, as full members on the multidisciplinary team is fundamental to improved health outcomes. This has been shown time and again in the hospice model, of which I have been fortunate to be a part for several years of my career.

The more ideal health care and other service planning that work for individuals and their families, uses trained professionals – usually medical, social workers and nurses- to listen carefully and pull from each system the services that meet their individual needs. I mention "other services" because family systems usually must be considered to improve individual health. We hope that in-home respite will be provided in this project and we are ready to assist in developing it.

We deeply appreciate DHHS' collaboration with the Coalition and its continued efforts to develop respite options for family caregivers. We are pleased to have served on the statewide long term care workgroup spear-headed by SC Institute of Medicine and Public Health that advises DHHS. It is our commitment to continue this partnership with DHHS and help in any way possible.

Yours sincerely,

A handwritten signature in cursive script, appearing to read "Susan M. Robinson".

Susan M. Robinson, LMSW
Executive Director



May 24, 2012

Re: South Carolina Dual Eligible Project

To Whom It May Concern:

This letter is written in support of the South Carolina Dual Eligible Demonstration project. South Carolina Solutions has served this population over the past five years in limited numbers so we have encountered the challenges that incur when you have two separate funding "streams" that often include different policies and procedures. For this reason, the goal of establishing innovative ways to coordinate and integrate care for this Medicare/Medicaid population in a seamless fashion is worthwhile.

South Carolina Solutions believes that with this coordinated approach, the state will recognize improved and increased access resulting in improved quality of health care delivery and ultimately, a healthier population. At this same time, we believe this will stabilize costs and ensure service delivery is commensurate with the Member's needs.

We applaud the South Carolina Department of Health and Human Services for pursuing a project of this importance and will work to support them.

Sincerely,

Beverly G. Hamilton

Beverly G. Hamilton
Executive Director

132 Westpark Blvd.

◆ Columbia, SC 29210

◆ 866-793-0006 (888-893-0018 fax)

◆ sc-solutions.org



Administered by
Community Health Solutions
of Georgia



State of South Carolina

Department of Mental Health

MENTAL HEALTH COMMISSION:

Alison V. Evans, PsyD, Chair
Joan Moore, Vice Chair
Jane B. Jones
Everard Rutledge, PhD
J. Buxton Terry

2414 Bull Street • P.O. Box 485
Columbia, SC 29202
Information: (803) 898-8581

John H. Magill
State Director of Mental Health

May 23, 2012

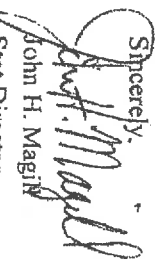
Mr. Anthony E. Keck, Director
Department of Health and Human Services
1800 Main Street
Columbia, South Carolina 29202

Dear Mr. Keck:

I am writing to offer the South Carolina Department of Mental Health's (SCDMH) support to the South Carolina Department of Health and Human Services "South Carolina's Dual Eligible (SCDUE) Demonstration Proposal." National data indicates that 68% of people with a mental health disorder also have at least one co-morbid medical problem. In addition, 29% of people with medical disorders have a co-morbid mental health condition. The combination of a mental health disorder and at least one co-morbid medical problem increases the risk of functional impairment, decreased length and quality of life and therefore increased cost.

SCDMH is committed to improving the health outcomes for adults affected by mental illnesses and working collaboratively with our state and local stakeholders to strengthen the infrastructure capacity for integrated, client-focused care within our communities. As an active member of the Integrated Care Workgroup, SCDMH strives to eliminate stigma and promote the philosophy of recovery in order to assure the highest quality of culturally competent services possible. We are committed to continuing to serve as part of the Integrated Care Workgroup and working together to identify the gaps in access to integrated primary care, behavioral health services, and long term care services for the elderly population.

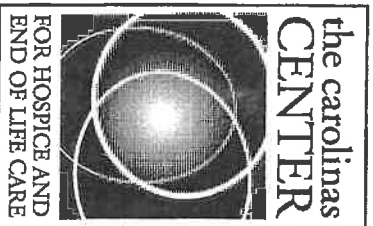
We look forward to continuing the partnership between our agencies which we believe will result in increased access for South Carolinians with serious mental illness.

Sincerely,

John H. Magill
Stat Director

JHM/cm

MISSION STATEMENT
To support the recovery of people with mental illnesses.





NORTH CAROLINA
1230 SE Maynard,
#203
Cary, NC 27511

PHONE
919-459-5380

TOLL FREE
800.662.8859

SOUTH
CAROLINA
1350 Browning Rd.
Columbia, SC 29210

PHONE
803.791.4220

May 21, 2012

Nathaniel J. Patterson, MHA
Project Director
S.C. Dept. of Health & Human Services
1801 Main Street
Columbia, SC 29201

Mr. Patterson,

I am writing to offer our support for the development of a model to serve our state's dually eligible population.

The Carolinas Center for Hospice and End of Life Care is a professional association providing support, education, technical assistance, advocacy and other services to the state's hospice providers for almost 40 years. We appreciate the opportunity to comment on the SC Dual Eligibles Demonstration Proposal Draft. We are obviously supportive of any model of care which impacts key goals such as consumer directed care and also promotes the provision of quality, integrated care provided in a financially viable manner.

We support the CICO and DHHS in developing a model that addresses the concerns listed below:

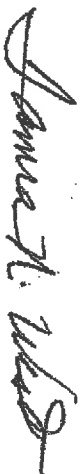
- TCC is supportive of any activities or programs that increase access and timely utilization of hospice services in SC. We recognize the value of hospice care both to insure that patients and families get the care needed at the right time and that the state realizes the financial benefit demonstrated by data that hospice utilization helps the state lower costs for terminally ill beneficiaries. There are several examples of this impact including:
 - Delay or eliminate the need for placement of terminally ill individuals in LTC facilities
 - Avoid frequent trips to the ER and unnecessary hospitalizations
 - Utilization of hospice and palliative care services to assure the health care continuum is utilized appropriately
- TCC supports creating models of care that support concurrent care (curative and palliative/hospice care) for individuals with terminal illnesses that do not necessarily meet the 6 month criteria for hospice. (Similar to the pediatric concurrent care model included in the Affordable Care Act.) This would include creative utilization of hospice and CLTC services.
- Non-hospice palliative care should be included as a service in any model developed. This focused care provided by hospice and palliative care programs early in the diagnosis of a life-threatening illness increase the likelihood that patients and families have the opportunity to develop personal goals and preferences for care which more often than not would include less costly and medically ineffective treatment.

We are certain that hospice and palliative care services are an integral part of the healthcare continuum and would support any aspects of the proposed project that encourage such significance. As the voice for hospice and palliative care in the state, we would expect to be at the table as the program is developed and implemented.

Please contact me for further information. I will gladly assist the project in any way possible including sharing data, giving access to hospice providers for education and serving on implementation workgroups or task forces.

Cordially,

Tamra N. West
Senior Director
The Carolinas Center for Hospice and End of Life Care
1350 Browning Road
Columbia, SC 29710



David Stone, President and CEO
The Carolinas Center for Hospice and End of Life Care
1230 SE Maynard Rd. Suite 203
Cary, NC 27511





UnitedHealthcare Community Plan
100 Executive Center Drive, Ste. A-13
Columbia, SC 29210

Via email: comments@scdhhs.gov

May 24, 2012

SC Dual Eligible Proposal Public Comments
c/o Nathaniel Patterson
SC Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202

Dear Nate,

We are pleased to support the State of South Carolina's goals of improving the quality of care provided to individuals who are eligible for Medicare and Medicaid. The South Carolina Department of Health and Human Services (SCDHHS) has demonstrated strong leadership on its proposal to develop a service delivery model that integrates care for individuals who receive services from both Medicare and Medicaid. We recognize the enormity of addressing the needs of this complex population but believe that the vision of providing an integrated approach for Medicare-Medicaid Enrollees (MMEs) is vital to improving the quality and outcomes experienced by this complex population.

Creating systemic change as that proposed by SCDHHS for MMEs requires careful consideration of program roll out and we appreciate the deliberate approach the State has taken to garner stakeholder participation and feedback. We were pleased to be an active participant in the integrated advisory work group over the past year and continue to offer our national experience in shaping an effective, integrated, person-centered program for South Carolina's MMEs.

If I can be of assistance, please feel free to contact me. Thank you for your commitment to engage UnitedHealthcare and other health plans in meaningful dialogue. We look forward to the ability to shape a program that improves quality and reduces the costs associated with these individuals with complex needs.

Sincerely,

Dan Gallagher
Plan President
UnitedHealthcare Community Plan

Si desea recibir una copia de esta información en español, llame al 1-800-414-9025 (TTY: 711).

Cc: Sam Waldrep <waldrep@scdhs.gov>, Roy Hess <HESSROY@scdhs.gov>, Roy Smith <smithroy@scdhs.gov>, Ana De Fede <ANALOPEZDEFEDE@sc.edu>, Kathy Mayfield-Smith <KLMAYFIE@mailbox.sc.edu>, Carol Reed <REEDCB@mailbox.sc.edu>, Timothy Hartnett <HARTTIM@scdhs.gov>, Jan Polatty <POLATTYJ@scdhs.gov>, Deirdra Singleton <Singleled@scdhs.gov>, Teeshla Curtis <CURTIST@scdhs.gov>
Subject: Re: Duals: next steps & requests from NAMD

Good afternoon Andrea,

Thank you for the feedback. We share in your enthusiasm regarding our stakeholder's engagement and support. We look forward to submitting responses to the other NAMD June 1st requests within the next several days.

Have a great day and thanks again for the cheers.

Sincerely,

The SCDUE Team

A handwritten note in a circle, with the text "File Log w/ 456" written in black ink. The words "Log w/" are highlighted in yellow.

From: Andrea Maresca <andrea.maresca@namd-us.org>
Date: Tuesday, June 12, 2012 2:25 PM
To: "Nathaniel J. Patterson" <npattnat@scdhs.gov>
Subject: RE: Duals: next steps & requests from NAMD

I am just going through these letters now and wanted to write and say they are fantastic! Exactly what we're looking to get around to folks at the federal level. Thanks again.

-Andrea

From: Nathaniel Patterson [<mailto:PATTNAT@scdhs.gov>]
Sent: Friday, June 08, 2012 4:02 PM
To: Andrea Maresca
Cc: Sam waldrep; Roy Hess; ROY SMITH; Jan Polatty; Timothy Hartnett; Carol Reed; Ana De Fede; Kathy Mayfield-Smith; Teeshla Curtis; Deirdra Singleton
Subject: Re: Duals: next steps & requests from NAMD

Good afternoon Andrea,

As mentioned on the phone earlier today, Letters of Support for South Carolina's Dual Eligible Demonstration (SCDUE) Proposal are included within this email response (attached). Responses for the remaining requests will be sent next week.

NAMD Efforts

The following are some of the planned activities for the short-term:

1. **Highlight support for state proposals.** As most you are aware, federal policymakers, advocacy groups, providers, and other stakeholders are raising significant concerns and questions about states proposals. However, we believe this does not reflect the support many of you have garnered at the state level.

REQUEST: Please send me copies of or links to any letters of support you may have received. NAMD will use this in our ongoing efforts to help educate interested entities. We would appreciate receiving this as soon as possible.

.link to the SCDue Proposal (web page): <https://msp.scdhhs.gov/scdue/content/scdue-final-proposal-submitted-cms>

Link to the SCDue Proposal's Letters of Support [PDF document]: <https://msp.scdhhs.gov/scdue/sites/default/files/SCDuE%20Proposal%20Appendix%20S.%20Letters%20of%20Support%20May%2025,%202012.pdf>

Letters of Support for South Carolina's Dual Eligible Demonstration (SCDuE) Proposal

1. State of South Carolina Office of the Governor
2. State of South Carolina Office of the Lieutenant Governor
3. AARP South Carolina
4. Absolute Total Care®
5. Alzheimer's Association South Carolina Chapter
6. BlueChoice® HealthPlan of South Carolina
7. CarePro Health Services
8. Greenville Hospital System University Medical Center
9. Greenville Hospital System University Medical Center
10. LeadingAge™ South Carolina
11. Lutheran Homes of South Carolina
12. Palmetto SeniorCare Palmetto Health (PACE Program)
13. Palmetto Physician Connections
14. Protection & Advocacy for People with Disabilities, Inc
15. South Carolina Association of Personal Care Providers (SCAPCP)
16. South Carolina Association of Personal Care Providers (SCAPCP)
17. South Carolina Health Care Association (SCHCA)
18. South Carolina Home Care & Hospice Association
19. South Carolina Hospital Association (SCHA)
20. South Carolina Institute of Medicine & Public Health (IMPH)
21. South Carolina Primary Health Care Association (SCPHCA)
22. South Carolina Respite Coalition
23. South Carolina Solutions
24. State of South Carolina Department of Mental Health (DMH)
25. The Carolinas Center for Hospice and End Of Life Care
26. UnitedHealthcare® Community Plan

Don't hesitate to contact me if you should have questions and/or experience technical challenges with accessing the materials and URLs provided within this email.

Have a great weekend.

Respectfully,

-Nate

Nathan J. Patterson, MHA
Project Director
S.C. Dept. of Health and Human Services
1801 Main Street
P.O. Box 8206
Columbia, SC 29202-8206
(803) 898-2018 | Office
(803) 255-8209 | Fax
pattnat@scdhhs.gov

Confidentiality Note

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED.

If you have received this in error, please notify us immediately and destroy the related message.

Jan Polatty

From: Nathaniel Patterson
Sent: Friday, June 15, 2012 2:56 PM
To: Andrea Maresca
Cc: Sam walddrep; Roy Hess; ROY SMITH; Ana De Fede; Kathy Mayfield-Smith; Carol Reed; Timothy Hartnett; Jan Polatty; Deirdra Singleton; Teeshla Curtis
Subject: Re: Duals: next steps & requests from NAMD
Attachments: SCDuEProposal_NAMDRequest_3of3_one-pager.docx; SCDuEProposal_NAMDRequest_2of3_Real-World Stories.docx

Good afternoon Andrea,

Please find attached South Carolina's responses to requests #2 and #3 from the June 1st NAMD Memo (see below).

2. *Personalize the problems.* Based on our conversations, we believe it would be very useful for states to develop a few vignettes about the people who would likely be enrolled and benefit from the integrated program (descriptions of people who've experienced real-world problems and how the current approach is doing them a disservice and/or specific ways that individuals would benefit).
REQUEST: Please send me 1-3 "real world" stories about members, with de-identified information. We hope you will provide this to us by June 15th and would be happy to discuss if we can help you develop this.
3. *State specific duals demo "pitch packets."* NAMD is recommending that each state develop a package of materials to showcase what you seek to do and the existing Medicaid expertise you will leverage in your proposal. If you already have this information or a website where it is posted, I would appreciate you sharing that with me. NAMD will use this information in our ongoing communications on behalf of your states. We also believe each state can use these packets as part of your outreach and education efforts with key stakeholders at the state and federal levels. We suggest the packet include at least the following:
 - o 1-2 pager about your state's (draft) proposal highlighting key characteristics and demographics of target population, costs of dual eligible population, fragmentation of system, key components of proposal including additional benefits being offered, state expertise/experience that is expected to produce better outcomes, and documentation of the number of comments and letters of support you received.
 - o Letters of support from key state organizations, e.g. state chapters of AARP, disability groups, provider groups, etc.
 - o Vignettes, as discussed above.**REQUEST:** As you develop these materials, please send them to me so that NAMD can include these in our efforts on your behalf.

Please don't hesitate to contact us with any questions. Have a great weekend.

Sincerely,

The SCDuE Team

From: "Nathaniel J. Patterson" <natnat@scdhs.gov>
Date: Tuesday, June 12, 2012 2:45 PM
To: Andrea Maresca <andrea.maresca@namd-us.org>