

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

ACTION REFERRAL

| | |
|------------------------|----------------------------|
| TO <i>Myers</i> | DATE <i>11-9-09</i> |
|------------------------|----------------------------|

| DIRECTOR'S USE ONLY | | ACTION REQUESTED | |
|---|--|---|--|
| 1. LOG NUMBER <i>1000218</i> | | <input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>11-23-09</i> * | |
| 2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Foraker, Depoe, CUS files *See attached Notes.</i> | | <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action | |

| APPROVALS | APPROVE | * DISAPPROVE (Note reason for disapproval and return to preparer.) | COMMENT |
|-----------|--|--|---|
| 1. | <i>Bura</i> | | * Document response |
| 2. | <i>After meeting -</i> | | <i>due Nov 27th,</i> |
| 3. | <i>action requested & child emergency sheet!</i> | | <i>Also, copied provided to Jeff Swann - Kathy Bura</i> |
| 4. | <i>for: JP</i> | | |

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

NOV 5 2009

RECEIVED

Emma Forkner, Director
South Carolina, Department of Human Services
P.O. Box 8206
Columbia, South Carolina 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner,

This is to notify you that the Centers for Medicare & Medicaid Services (CMS) will perform an onsite review of South Carolina's 1915c waiver programs. The purpose of this review is to determine whether the State of South Carolina has excluded room and board costs in accordance with Federal statute and regulations at §1915(c)(1) of the Social Security Act and 42 CFR §441.320..

This onsite review will be conducted on January 11 – January 15, 2010 with the South Carolina Medicaid Agency. An onsite visit with waiver providers may be conducted during this same period. The review team will coordinate date and time with the Medicaid agency at the time of the entrance conference. The review team consists of the following individuals:

| | |
|-----------------|--|
| Paul Woods | Review Team Coordinator, Boston Regional Office |
| Regina McIntyre | Review Team Member, Philadelphia Regional Office |
| Charlie Arnold | Review Team Member, Atlanta Regional Office |

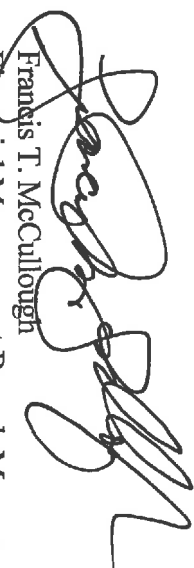
Please ensure that appropriate agency staffs, including sister agencies that administer the 1915(c) waiver programs or provide the waiver services, are available when the CMS review team arrive for the entrance conference and are available during CMS' time onsite for this review. Also, please ensure that the staffs with knowledge of the non-federal funding through Intergovernmental Transfers and CPE's during FFY 2007 and FFY 2008 are also available when the CMS review team arrive onsite for this review. We also ask that you provide the team with private workspace, as well as access to a telephone, photocopier and parking.

CMS would like to conduct an entrance conference at 1:00pm on January 11, 2009, at the South Carolina Medicaid Agency. Specific arrangements may be made directly with Paul Woods, the Review Team Coordinator.

Attached are initial documentation requests and questions (**Attachment A**). Please provide the requested documents and responses to our questions by November 27, 2009. Additional documentation may be requested after we complete our review of the initial request. Any additional documentation should be made available upon our arrival. Please provide the name of a primary contact person to assist in coordination of the review.

Thank you for your cooperation and assistance in this matter. Please direct any inquiries concerning this letter to Paul Woods (617-565-1571) or email at paul.woods@cms.hhs.gov.

Sincerely,



Francis T. McCullough
Financial Management Branch Manager

Cc:
Mary Justis
Joyce Willkerson

Attachments: 1

Attachment A
South Carolina HCBS Waiver Program
Initial Documentation Request
November 5, 2009

To expedite the review of Room & Board (R&B) costs in Home & Community Based Waivers for Federal Fiscal Years (FFY) 2007 and 2008, please provide the following documentation, **in electronic format** where possible. Please send this documentation to Paul Woods, lead reviewer, in the CMS Boston Regional office at paul.woods@cms.hhs.gov by **November 27, 2009**. If hard copies of documentation are all that is available please mail to the following address:

Department of Health and Human Services
Centers for Medicare and Medicaid Services
JFK Federal Building, Room 2275
Boston MA 02203
Attention: Paul Woods

Thank you in advance for your time and attention to this request.

Prior to the visit, please send:

1. A listing of the 1915 (c) waivers that provide services in community residential facilities.
2. For each waiver identified, provide:
 - a. A listing of the providers
 - b. A description of the reimbursement methodology being used
 - c. A detailed description of how any rates are developed. Please provide an actual example for each rate type used during FFY 2007 & 2008.
 - d. How room and board costs are excluded from the claim
 - e. Please describe how the services are billed.
 - f. Please describe how the nonfederal share is funded. Appropriations, Certified Public Expenditures, or Intergovernmental Transfers? If appropriations or Intergovernmental transfers, does the provider keep the entire total computable payments? If Certified Public Expenditures, please provide a sample of the cost report and instructions.
 - g. Provide documentation related to any changes to the reimbursement methodology or fee schedule rates during FFY 2007 or 2008.

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South Carolina HCBS Waiver Program
Initial Documentation Request
November 5, 2009

- h. Provide a copy of any interagency agreements between the Medicaid agency and any sister agency responsible for operation of the waiver, if applicable.
 - i. Please enclose copies of contracts with any contractors that have assisted or otherwise developed, implemented or administered this waiver.
3. Please provide an electronic copy (preferable in Excel format) of the detail of charges, including service code, billable units, date of payment, provider ID, client ID, etc. that make up the claims on the CMS-64 for all quarters of FFYs 2007 & 2008. Please also provide a data book with descriptions of all data fields included in the file.

Note: If more time is needed to assemble the requested data for the entire two-year period, we request that information for at least the quarters ended March 31, 2007 and June 30, 2008 be provided by the due date for this request November 27, 2009.

- 4. Please provide an electronic listing of all manual adjustments for each of the identified waivers for FFY 2007 & 2008.
- 5. Please enclose copies of contracts with any revenue maximization contractors for this waiver.
- 6. Please provide an electronic copy of the State's policies and procedures on room & board for the identified waiver and services.
- 7. Provide a copy of any other pertinent documents that would assist in the preparation of the review

DEPARTMENT C

3/15/10

CES

Dec 11
Mr. Miller
Mr. Miller

| | | |
|-------------------|------------------------------------|--------|
| TO Myers / SAR | called Richard to check on status. | 1-9-09 |
|-------------------|------------------------------------|--------|

| | | |
|----------------------------------|---------|---|
| DIRECTOR'S USE | | |
| 1. LOG NUMBER | 1001218 | |
| 2. DATE SIGNED BY DIRECTOR | | |
| cc: Ms. Forkner, Depe, CMS files | | <p>12/22/09 You Jeff Saxon, his part was sent out on 18 Dec, still pending her same part. Don't close out</p> |

| | APPROVE | * DISAPPROVE (Note reason for disapproval and return to preparer.) | COMMENT |
|----|---|---|--|
| 1. | <p>Follicles - mostly de # Saxon has his been Completed? OK! Jan 12-3</p> | | |
| 2. | | | * Document Response due on Nov 27th, |
| 3. | | Atto, | copies provided to Jeff Saxon, Kathy Bass. |
| 4. | | | |

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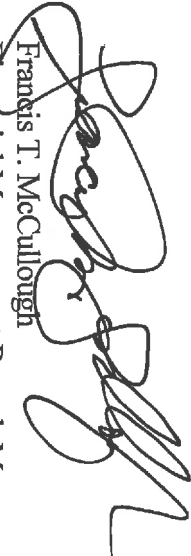
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Elizabeth Hutto - Fwd: RE: R&B documentation request

From: Jeff Saxon
To: Elizabeth Hutto; William Wells
Date: 12/4/2009 1:23 PM
Subject: Fwd: RE: R&B documentation request

As requested.

>>> "Woods, Paul (CMS/NC)" <Paul.Woods@cms.hhs.gov> 11/17/2009 8:57 AM >>>
Jeff,

Sorry for the delay in getting back to you. I was out of the office last week and am now at an on-site review. The good news is that we can delay the documentation to the December 11, 2009 date.

Good luck with the State Plan amendment.

If you have other questions, I can be reached at (617)-565-1571.

Paul

-----Original Message-----

From: Jeff Saxon [mailto:Saxon@scdhs.gov]
Sent: Wednesday, November 11, 2009 8:08 AM
To: Woods, Paul (CMS/NC); Sam walddrep
Cc: George Maky; Debbie Strait
Subject: RE: R&B documentation request

Mr. Woods:

I am the Bureau Chief responsible for all rate setting activities within the agency. Currently my most experienced staff that work with the waiver(s) in question are currently working on our Rehab state plan amendment which we have promised to submit to CMS by the end of this month in response to a CMS Financial Management Review on Rehab services. Therefore, would it be possible to delay the submission of the requested rate setting documentation until December 11, 2009. Your consideration of this request would be most appreciated.

If you should have any questions, please contact me at (803) 898-1023.

Jeff

Jeff Saxon
Bureau Chief

Bureau of Reimbursement Methodology & Policy
SCDHHS

Phone: 803.898.1014

Fax: 803.255.8228

Fax: 803.898.4524

>>> "Woods, Paul (CMS/NC)" <Paul.Woods@cms.hhs.gov> 11/10/2009 3:37 PM >>>

We are looking at costs that are reimbursed to the facilities.

If the waiver does not pick up the cost of the assisted living facility, we would not want the services captured. The purpose of this review is to determine whether the State of South Carolina has excluded room and board costs in accordance with Federal statute and regulations at §1915(c)(1) of the Social Security Act and 42 CFR §441.320.

I will be out of the office from today until Monday 11/16/2009. I will be working out of the office next week. It is easier to contact me through email and I can respond or call.

Thanks

From: Sam Waldrep [mailto:Waldrep@scdhhs.gov]

Sent: Tuesday, November 10, 2009 1:14 PM

To: Woods, Paul (CMS/NC)

Cc: George Maky; Jeff Saxon

Subject: RE: R&B documentation request

That helps. You want us to only include services that are reimbursed to these facilities, correct?

If a waiver resident resides in an assisted living facility but the waiver does not pay the facility for any services, do you want that captured?

I am out of the office this afternoon but will return on Thursday.

Thanks.

>>> "Woods, Paul (CMS/NC)" <Paul.Woods@cms.hhs.gov> 11/10/2009 12:34 PM >>>

Mr Waldrep,

I have been in meetings all day with more in the afternoon. I will try and follow-up later this

afternoon. For the time being, here is what we consider a community residential facility. Community residential facilities are facilities, not institutions, where beneficiaries live & receive state plan and/or home and community based Medicaid services, i.e. group homes. The facilities can be either public or privately owned by the provider of the services or the providers come into the facility to provide the services.

I look forward to working with you on this matter.

Paul Woods

From: Sam Waldrep [mailto:Waldrep@scdhhs.gov]

Sent: Tuesday, November 10, 2009 11:57 AM

To: Woods, Paul (CMS/NC)

Cc: George Maky; Jeff Saxon

Subject: R&B documentation request

Mr. Woods-

I left you a voice message about the correspondence we received concerning the CMS review.

I would like further clarification on the facilities in question which CMS calls "community residential facilities". Is it possible that we can speak with you a few minutes to get clarification?

Thanks,

Sam Waldrep

Sam Waldrep, MA, LMSW

Bureau Chief

Long Term Care and Behavioral Health

SC Department of Health and Human Services

803-898-2725

waldrep@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**.

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