

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>10-8-09</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000166</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>CC: Ms. Farkner, Depo</i> <i>Closed 10/22/09, letter</i> <i>attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-19-09</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		

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

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4120
Atlanta, Georgia 30303-8909



October 6, 2009

RECEIVED

OCT 08 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

Dear Ms. Forkner:

This is in response to your request to amend South Carolina's Home and Community Based Waiver Program for individuals with a head and/or spinal cord injury (HASCI waiver). This request has been assigned control number 0284.R03.01. This number should be used in all correspondence pertaining to the amendment. Please provide additional information and make changes necessary to respond to the issues identified below. Note this is an informal inquiry and does not stop the 90-day review clock. Therefore, please submit the requested information to the Regional Office staff as quickly as possible so that adequate time is allowed for our review and to address any further questions and / or clarifications.

C-1-a: Waiver Services Summary: Attendant Care/Personal Assistance Services

Please specify:

1. How the new limits on the amount, duration or frequency for the service is consistent with assuring health and welfare for the target population.
2. How the amount of the limit is or will be adjusted during the current waiver approval period.
3. The provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors.
4. The safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs.
5. The provision for notifying participants of the change in service limits.

C-1-a: Waiver Services Summary: Medicaid Waiver Nursing:

Please specify:

1. How the new limits on the amount, duration or frequency for the service is consistent with assuring health and welfare for the target population.
2. How the amount of the limit is or will be adjusted during the current waiver approval period.
3. The provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors.
4. The safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs.
5. The provision for notifying participants of the change in their service limits.

Transition Plan:

1. When persons served in the currently approved waiver will not be eligible to participant in the amended waiver due to the proposed service limitations, please describe the steps that the State will take to facilitate the transition of affected individuals to alternate services and supports that will enable the individual to remain in the community.
2. Please detail the time table for transitioning individual to alternative services.
3. Please provide details as to how the participants will be informed of the opportunity to request a fair hearing if their services are affected by these limitations.

Again, please note that this is an informal request for additional information and the 90-day review clock remains in place. Therefore, please respond as quickly as possible. If required, a conference call with the State, regional office and central office can be arranged. Please do not hesitate to call if you have questions or concerns. I may be reached at 404-562-7413.

Sincerely,



Kenni Howard, RN
Health Insurance Specialist
Atlanta Regional Office

CC: Mark Reed, Central Office



✓ 164
To Close

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 22, 2009

Kenni Howard, RN
Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909

RE: Request for Additional Information Head and Spinal Cord Injury (HASCI) Waiver
Amendment SC0284.R03.01

Dear Ms. Howard:

This is in response to your letter dated October 6, 2009 requesting additional information on the HASCI Waiver Amendment. The State has indicated its responses below.

C-1-a: Waiver Services Summary: Attendant Care/Personal Assistance Services

Please specify:

1. How the new limits on the amount, duration or frequency for the service is consistent with assuring health and welfare for the target population.
2. How the amount of the limit is or will be adjusted during the current waiver approval period.
3. The provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors.
4. The safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs.
5. The provision for notifying participants of the change in service limits.

State Response

1. The new limits on the amount, duration or frequency for the service are consistent with assuring health and welfare based on survey input from HASCI Waiver participants, and a utilization analysis report. The new limit is 49 hours per week, which will allow more flexibility for services to best meet an individual's needs, coordinate available community supports, natural supports, and other resources. The current HASCI Waiver allows up to 10 hours per day of Attendant Care/Personal Assistance to be authorized on a short-term basis (not to exceed 90 days) due to special need circumstances. This safety net is unchanged in the proposed HASCI Waiver Amendment. Additionally, the HASCI Waiver will continue to offer options for hourly, daily, and institutional Respite Care to provide relief to caregivers.
2. The State will plan to implement the revised service limits in Attendant Care/Personal Assistance, effective January 1, 2010 as approved by CMS. The affected participant's service plans, waiver budgets, and service authorizations will be updated accordingly, in the time leading up to the effective date.
3. The proposed HASCI Waiver Amendment does not include an exception process for individuals to exceed the service limits. The SCDDSN Waiver Tracking System prevents authorization or payment of any services in excess of the limits approved by CMS.
4. SCDDSN will assist an individual in identifying alternate services and supports, if the HASCI Waiver cannot meet his or her needs.
5. SCDDSN has notified participants about the new limits in Attendant Care/Personal Assistance Services via its website. Participants affected by the proposed amendment are being contacted by their service coordinators to revise service plans, waiver budgets, and service authorizations effective January 1, 2010.

C-1-a: Waiver Services Summary: Medicaid Waiver Nursing Services

Please specify:

1. How the new limits on the amount, duration or frequency for the service is consistent with assuring health and welfare for the target population.
2. How the amount of the limit is or will be adjusted during the current waiver approval period.
3. The provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors.
4. The safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs.
5. The provision for notifying participants of the change in service limits.

State Response

1. The current Medicaid Waiver Nursing service limits remain unchanged. The proposed HASCI Waiver Amendment is to establish a limit when a combination of Attendant Care/Personal Assistance and Medicaid Waiver Nursing are received. The combination of the above services may not exceed the new limit of 10 hours per day.

2. The State will plan to implement the revised service limits in Medicaid Waiver Nursing services when combined with Attendant Care/Personal Assistance, effective January 1, 2010 as approved by CMS. The affected participant's service plans, waiver budgets, and service authorizations will be updated accordingly.
3. The proposed HASCI Waiver Amendment does not include an exception process for individuals to exceed the service limits. The SCDDSN Waiver Tracking System prevents authorization or payment of any services in excess of the limits approved by CMS.
4. SCDDSN will assist an individual in identifying alternate services and supports, if the waiver cannot meet his or her needs.
5. SCDDSN has notified participants about the new limits in Attendant Care/Personal Assistance Services via its website. Participants affected by the proposed amendment are being contacted by their service coordinators to revise service plans, waiver budgets, and service authorizations effective January 1, 2010.

Transition Plan

1. When persons served in the currently approved waiver will not be eligible to participant in the amended waiver due to the proposed service limitations, please describe the steps that the State will take to facilitate the transition of affected individuals to alternate services and supports that will enable the individual to remain in the community.
2. Please detail the timetable for transitioning individual to alternative services.
3. Please provide details as to how the participants will be informed of the opportunity to request a fair hearing if their services are affected by these limitations.

State Response

1. It is not anticipated that any current participants would be ineligible to continue in the amended HASCI Waiver due to the proposed revisions in service limits. If a participant is affected by the revised limits his or her service coordinator will assist in identifying alternate services and supports available in the community including other Home Community-Based Services (HCBS) Waiver options.
2. Service Coordinators completed staff training to ensure every effort is being made in preparation of the waiver changes effective January 1, 2010 as approved by CMS. Currently, service coordinators are working on a one-one basis with participants and revising service plans in preparation for individual participant implementation.
3. A waiver participant or the parent/legal guardian of a waiver participant has the right to request an appeal of any decision to reduce, suspend, deny or terminate a waiver service. A formal request for reconsideration must be made in writing to the State Director at SCDDSN within thirty (30) calendar days of receipt of the written notification of the adverse decision. In order for Waiver benefits/services during the reconsideration/appeal process, the Waiver participant or the Waiver participant's parent/legal guardian's request for reconsideration must be submitted within ten (10) calendar days of the written notification of the adverse decision. If a Waiver participant or the parent/legal guardian is dissatisfied with the outcome of the SCDDSN reconsideration, he or she may request an appeal with the State Medicaid Agency (SCDHHS). The participant or the

Kenni Howard, RN
October 22, 2009
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parent/legal guardian must submit a written appeal request to SC DHHS no later than thirty (30) calendar days after receipt of the SC DDSN reconsideration notification.

We appreciate your assistance with the HASCI Waiver Amendment. If there are any further questions, please contact Anita Atwood at 803-898-4641.

Sincerely,

A handwritten signature in black ink, appearing to read "Emma Forkner". The signature is fluid and cursive, with the first name "Emma" and last name "Forkner" clearly distinguishable.

Emma Forkner
Director

EF/mwmh

log # 166 + 168 ✓

From: Felicity Myers
To: Brenda James; Richard Kluender; Sam waldrep
Date: 10/20/2009 12:09 PM
Subject: Re: Fwd: Log letter extensions

OK as long as this allows us to still meet CMS timeline

>>> Brenda James 10/20/2009 9:42 AM >>>
I will put these extensions in the system after Felicity's OK. Thanks, bj

>>> Richard Kluender 10/20/2009 8:50 AM >>>
Brenda please see below regarding extensions on log letters.

Thanks

Rich

>>> Margie Hickerson 10/20/2009 8:49 AM >>>
Richard

George has asked to get extensions on the following log letters, due to staff being out of the office.

J00166 - HASCII Waiver RAI to CMS - currently due 10/19/09, asking for 10/23/09

J00168 - MR/RD Waiveer RAI to CMS - currently due 10/20/09, asking for 11/06/09

Please let me know if you need further information.

Thanks
Margie Hickerson
8-2577