

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Walsh</i>	DATE <i>6-30-11</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100597</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, CMS file, Dep Closed 8/5/11, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-1-11</i>  <input type="checkbox"/> FOIA DATE DUE _____ 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 St., Suite 4T20  
Atlanta, Georgia 30303-8909



June 23, 2011

**RECEIVED**

JUN 30 2011

Anthony E. Keck, Director  
South Carolina Department of Health & Human Services  
1801 Main Street  
Columbia, South Carolina 29201

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

The Centers for Medicare and Medicaid Services (CMS) is conducting a quality review of South Carolina's Head and Spinal Cord Injury Home and Community Based (HCBS) Waiver, CMS control number 0284.R03. This review will be used to evaluate the overall performance of this waiver program during the currently approved period, July 1, 2008 – June 30, 2013, and to identify the need for any modifications or technical assistance necessary to continue successful operation of this waiver program. The results of this review will serve to inform both the State and CMS of the State's compliance with waiver assurances in anticipation of the waiver's renewal. The expiration date of this waiver is June 30, 2013.

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

While we recognize the value of State policies and procedures with regard to oversight activities, this evaluation focuses on the extent to which the policies and procedures have been implemented, and the results of the State's oversight activities. That is, how does the State identify quality issues, and how does the State address these issues on an individual and systemic basis when they are identified? As you will see in the enclosure, we are requesting evidence as to the implementation of the quality management and improvement strategy.

After reviewing the requested submissions, Connie Martin will contact your staff to discuss any necessary follow-up activities. Please feel free to contact her at (404) 562-7412 with any questions related to this request.

Sincerely,

Davida Kimble

Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

## HCBS Quality Review Work Sheet

### I. Level of Care (LOC) Determination

*The State demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating a waiver applicant or participant's level of care consistent with care provided in a hospital, NF, or ICF/MR.*

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

## II. Service Plans

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

## II. Service Plans (Continued)

The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.		
Sub Assurances	CMS Expectations	Types of Evidence
Services are delivered in accordance with the service plan, including the type, scope, amount, and frequency specified in the service plan.	State submits evidence of the results of its monitoring process for ensuring the services identified in the service plan are implemented.	<ul style="list-style-type: none"> <li>Summary reports based on a significant sample of any single or combined method or source of evidence as follows:               <ul style="list-style-type: none"> <li>✓ Record Reviews, on-site</li> <li>✓ Record Reviews, off-site</li> <li>✓ Training verification records</li> <li>✓ On-site observations, interview, monitoring</li> <li>✓ Analyzed collected data (including surveys, focus group, interview, etc.)</li> <li>✓ Trends, remediation actions proposed / taken</li> <li>✓ Provider performance monitoring</li> <li>✓ Operating agency performance monitoring</li> <li>✓ Staff observation / opinion</li> <li>✓ Participant / family observation and opinion</li> <li>✓ Critical events and incident reports</li> <li>✓ Mortality reviews</li> <li>✓ Program logs</li> <li>✓ Medication administration data reports, logs</li> <li>✓ Financial records (including expenditures)</li> <li>Financial audits</li> <li>Meeting minutes</li> <li>Presentations of policies or procedures</li> <li>Reports to State Medicaid Agency on delegated administrative functions</li> <li>Other</li> </ul> </li> </ul>
Participants are afforded choice: 1) Between waiver services and institutional care; and 2) Between/among waiver services and providers	State submits evidence of the results of its monitoring process for ensuring the services identified in the service plan are implemented.	

### III. Qualified Providers

*The State demonstrates it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.*

Sub Assurances	CMS Expectations	Types of Evidence
The State verifies that providers initially and continually met required licensure and/or certification standards and adhere to other state standards prior to their furnishing waiver services.	State provides documentation of periodic review by licensing/certification entity.	Summary reports based on a significant sample of any single or combined method or source of evidence as follows: ✓ Record Reviews, on-site ✓ Record Reviews, off-site ✓ Training verification records ✓ On-site observations, interview, monitoring ✓ Analyzed collected data (including surveys, focus group, interview, etc.) ✓ Trends, remediation actions proposed / taken ✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation / opinion ✓ Participant / family observation and opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) Financial audits Meeting minutes Presentations of policies or procedures Reports to State Medicaid Agency on delegated administrative functions Other
The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements	State provides documentation that non-licensed/non-certified providers are monitored on a periodic basis sufficient to provide protections to waiver participants.	
The state implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.	State provides documentation of monitoring and training and actions it has taken when providers have not met requirements (e.g., technical assistance, training).	

#### IV. Health and Welfare

*The State demonstrates, on an ongoing basis that it identifies, addresses, and seeks to prevent instances of abuse, neglect and exploitation.*

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

# V. Administrative Authority

*The State demonstrates it retains ultimate administrative authority over the waiver program and that its administration of the waiver program is consistent with the approved waiver application.*

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



# VI. Financial Accountability

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

Sub Assurances	CMS Expectations	Types of Evidence
State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.	State submits results of its financial monitoring process for verifying maintenance of appropriate financial records as specified in the approved waiver.	Summary reports based on a significant sample of any single or combined method or source of evidence as follows: ✓ Record Reviews, on-site ✓ Record Reviews, off-site ✓ Training verification records ✓ On-site observations, interview, monitoring ✓ Analyzed collected data (including surveys, focus group, interview, etc.) ✓ Trends, remediation actions proposed / taken ✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation / opinion ✓ Participant / family observation and opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) Financial audits Meeting minutes Presentations of policies or procedures Reports to State Medicaid Agency on delegated administrative functions Other
	State demonstrates that interviews with State staff and providers are periodically conducted to verify that any identified financial irregularities are addressed.	
	State demonstrates that site visits are conducted with providers to verify that they maintain financial records according to provider agreements/contracts.	

August 5, 2011

Beverly Buscemi, Ph.D.

Director

SC Department of Disabilities & Special Needs

3440 Harden Street Extension

PO Box 4706

Columbia, South Carolina 29240

Dear Dr. Buscemi:

The Centers for Medicare and Medicaid Services (CMS) recently issued a request for quality evidence information regarding South Carolina's Head and Spinal Cord Injury Home and Community-Based Waiver (#0284.R03). This review is to evaluate the overall performance of the waiver program during the currently approved period, July 1, 2008-June 30, 2013. A copy of the HCBS Quality Review Worksheet is enclosed for your review. Please share with appropriate staff.

SCDHHS and SCDDSN staff met on June 23, 2011 to begin preparations for this review. The staff involved with the development of the evidence based information for this evidentiary include SCDHHS staff members Anita Atwood and Lenora Crum, as well as SCDDSN staff Dr. Linda Veldheer, Mark Riffle, and Ann Dalton. Martin Taylor, SCDDSN, received email notification of the evidentiary and will be involved with the development of the evidence based information pertaining to the Financial Accountability Assurance.

A copy of the timeline presented during the June meeting is enclosed. This timeline explains staff responsibilities.

SCDHHS is requesting the final draft version of the SCDDSN response (including all reports, files, etc.) forwarded to Anita Atwood, of my staff, by August 15, 2011. The accepted format is a 3-ring notebook(s) with all hard copy evidence to be submitted in the report.

If you have any questions, contact Anita Atwood at 803-898-4641. We appreciate your assistance in this matter.

Sincerely,



Sam Waldrep  
Deputy Director

Enclosures

Log #597

## HCBS Quality Review Work Sheet

### I. Level of Care (LOC) Determination

*The State demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating a waiver applicant or participant's level of care consistent with care provided in a hospital, NF, or ICF/MR.*

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### HASCI EVIDENTIARY TIME LINE FOR SUBMISSION

DUE DATE	COMPLETED BY	ACTION
June 23, 2011	SCDHHS  SCDDSN	Coordinating Initial HASCI Evidentiary Meeting Facilitating Meeting Distributing QA Reference Materials to utilize for HASCI Evidentiary Briefing the Reference Materials Assigning Specific Assurances as Outlined in HCBS Work Sheet Confirming Time Frame and Time Line Attending Initial HASCI Evidentiary Meeting Participating in Discussion of QA Reference Materials Accepting assignments as delegated
July 11, 2011	SCDHHS SCDHHS/SCDDSN SCDDSN	Facilitating 2 <sup>nd</sup> Meeting Discussing Assignments and Updates Submitting copies of types of evidence Sections: I-VI
August 2, 2011	SCDHHS SCDHHS/SCDDSN SCDDSN	Facilitating 3 <sup>rd</sup> Meeting Discussing Updates Submitting copies of types of evidence Sections: I-VI
August 15, 2011	SCDDSN	Final Submission to SCDHHS of ALL Evidence
August 23, 2011	SCDHHS SCDHHS/SCDDSN SCDHHS SCDDSN	Facilitating Last HASCI Evidentiary Meeting Discussing Updates Requesting further information if necessary Receiving further information if necessary
August 31, 2011	SCDHHS	Complete Final Review and Approval of HASCI Evidentiary before submission to CMS
September 1, 2011	SCDHHS	Submission of HASCI Evidentiary to CMS

Log #597 ✓

**From:** Jan Polatty  
**To:** Brenda James  
**Date:** 08/01/2011 12:42 PM  
**Subject:** Re: Fwd: Evidence Due Date of SC 0284

Please put this email with log that you extend for Sam, too. This is our reason for extending. Thanks!

>>> Sam waldrep 7/28/2011 9:25 AM >>>  
One reason we need to extend this is because we currently have 2 reports that CMS is questioning. We need to get those fixed and addressed so that the same issues will not be asked for this waiver.

>>> Brenda James 7/28/2011 8:28 AM >>>  
**Good morning guys,**  
I do understand the time frame on the 90 day request from the date we receive the letter from CMS.....but this is a request from Director Keck not wait out the full 90 days. I will get with Jan on Monday with the request for a date change....both her and Mr. Keck will return. I think this will be OK Sam to extend the date, but will check w/Jan first. Thanks, Brenda

Brenda G. James  
Director's Office  
SCDHHS  
1801 Main Street  
Columbia, SC 29201  
[E-mail-jamesbr@scdhhs.gov](mailto:E-mail-jamesbr@scdhhs.gov)  
(803) 898-2580

>>> Sam waldrep 07/27/2011 9:29 PM >>>  
Sure. Give Brenda the log # and we can extend the date from 9/1 to 9/29.

>>> Anita Atwood 07/27/11 11:20 AM >>>  
Hi Sam,  
Can we get this action referral changed..to the below date. If Mr. Keck would like it one week from that date I can do that but I cannot have it ready by Sept. 1 as is on the action referral now.

Anita Atwood, LMSW  
Waiver Administrator  
SCDHHS  
1801 Main St.  
Columbia, SC 29201  
PH: 803-898-4641  
Fax: 803-255-8204

>>> "Martin, Connie L. (CMS/SC)" <[Connie.Martin@cms.hhs.gov](mailto:Connie.Martin@cms.hhs.gov)> 7/27/2011 11:15 AM >>>

Hi Anita,

The due date to get the evidence package to CMS is 90 days from the receipt of the request for evidence letter, i.e., if the State received the letter June 30, 2011, the evidence would be due back to CMS September 29, 2011.

Thanks!

Connie

**From:** Jan Polatty  
**To:** Anita Atwood; Brenda James; Sam waldrep  
**CC:** George Maky  
**Date:** 08/01/2011 12:41 PM  
**Subject:** Re: Fwd: Evidence Due Date of SC 0284

Bren, Please extend date as Sam notes and put this email with original log. Thanks, Jan.

>>> Brenda James 7/28/2011 8:28 AM >>>

Good morning guys,  
I do understand the time frame on the 90 day request from the date we receive the letter from CMS.....but this is a request from Director Keck not wait out the full 90 days. I will get with Jan on Monday with the request for a date change....both her and Mr. Keck will return. I think this will be OK Sam to extend the date, but will check w/Jan first. Thanks, Brenda

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>>> "Martin, Connie L. (CMS/SC)" <[Connie.Martin@cms.hhs.gov](mailto:Connie.Martin@cms.hhs.gov)> 7/27/2011 11:15 AM >>>

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✓ Log # 597 9

**From:** Sam walddrep  
**To:** Anita Atwood; Brenda James  
**Date:** 07/27/2011 9:30 PM  
**Subject:** Re: Fwd: Evidence Due Date of SC 0284  
**CC:** George Maky

Sure. Give Brenda the log # and we can extend the date from 9/1 to 9/29.

>>> Anita Atwood 07/27/11 11:20 AM >>>

Hi Sam,  
Can we get this action referral changed..to the below date. If Mr. Keck would like it one week from that date I can do that but I cannot have it ready by Sept. 1 as is on the action referral now.

Anita Atwood, LMSW  
Waiver Administrator  
SCDHHS  
1801 Main St.  
Columbia, SC 29201  
PH: 803-898-4641  
Fax: 803-255-8204



>>> "Martin, Connie L. (CMS/SC)" <Connie.Martin@cms.hhs.gov> 7/27/2011 11:15 AM >>>

Hi Anita,

The due date to get the evidence package to CMS is 90 days from the receipt of the request for evidence letter, i.e., if the State received the letter June 30, 2011, the evidence would be due back to CMS September 29, 2011.

Thanks!

Connie

**Brenda James - Re: Fwd: Evidence Due Date of SC 0284**

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**From:** Sam waldrep  
**To:** Anita Atwood; Brenda James  
**Date:** 07/28/2011 9:27 AM  
**Subject:** Re: Fwd: Evidence Due Date of SC 0284  
**CC:** George Maky; Jan Polatty

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One reason we need to extend this is because we currently have 2 reports that CMS is questioning. We need to get those fixed and addressed so that the same issues will not be asked for this waiver.

>>> Brenda James 7/28/2011 8:28 AM >>>

**Good morning guys,**  
**I do understand the time frame on the 90 day request from the date we receive the letter from CMS.....but this is a request from Director Keck not wait out the full 90 days. I will get with Jan on Monday with the request for a date change.....both her and Mr. Keck will return. I think this will be OK Sam to extend the date, but will check w/Jan first. Thanks, Brenda**

**Brenda G. James**  
**Director's Office**  
**SCDHHS**  
**1801 Main Street**  
**Columbia, SC 29201**  
**E-mail--jamesbr@scdhhs.gov**  
**(803) 898-2580**

>>> Sam waldrep 07/27/2011 9:29 PM >>>  
Sure. Give Brenda the log # and we can extend the date from 9/1 to 9/29.

>>> Anita Atwood 07/27/11 11:20 AM >>>

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