

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

RECEIVED
SCDHHS Bureau of
Long Term Care

JAN 19 PM 3:12

ACTION REFERRAL

TO

DATE

Boosling / Waldrup

1-8-07

DIRECTOR'S USE ONLY

ACTION REQUESTED

1. LOG NUMBER

000443

☒ Prepare reply for the Director's signature

DATE DUE *1-26-07*

2. DATE SIGNED BY DIRECTOR

per Susan / NRN

☐ Prepare reply for appropriate signature

DATE DUE _____

☐ FOIA

DATE DUE _____

1-18-07

☐ Necessary Action

APPROVALS

(Only when prepared for director's signature)

APPROVE

* DISAPPROVE
(Note reason for disapproval and return to preparer.)

COMMENT

1.

2.

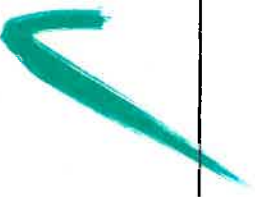
3.

4.

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OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Boesling</i>	1-8-07

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000443	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>1-26-07</u>
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <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 St., Suite. 4120
Atlanta, Georgia 30303-8909



December 28, 2006

Mr. Robert M. Kerr, Director
Department of Health and Human Services
State of South Carolina
Post Office Box 8206
Columbia, South Carolina 29202-8206

Doc. Bowling
"Robbly's Sign"
(1/26/07)

RECEIVED

JAN 08 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Kerr:

The Centers for Medicare and Medicaid Services (CMS) is conducting an assessment of South Carolina's Home and Community Based Waiver for Aged and Disabled Individuals (#0104.90.R3). This assessment will be used to evaluate the overall performance of the waiver program during the currently approved period (October 1, 2002 through September 30, 2007), and to identify the need for any modifications or technical assistance necessary to continue to successfully operate this waiver program. The results of this assessment will also be considered by CMS as it reviews the waiver renewal request.

CMS has revamped its process for assessing and conducting on-going quality monitoring activities for Home and Community Based Waiver programs. States have likewise begun to make improvements in the management and quality oversight of HCBS waivers, conducting their own reviews to measure and improve quality. The new assessment process focuses Federal oversight on State structures for and capacity to discover problems and areas that need improvement, and on State successes in implementing remedies and improvement strategies.

CMS is now requesting States to demonstrate that they have / use adequate mechanisms for finding and resolving problems on an ongoing basis. Attached to this letter is a listing of the evidentiary-based information that we need to review in order to make this determination.

Please provide the information identified in the attachment and submit it by February 10, 2007.

CMS staff may be able to make the determination as to whether South Carolina is meeting the assurances based on the State's responses, eliminating the need for additional review activities. To expedite the review process, we ask that you provide concise, specific information that demonstrates South Carolina's oversight activities and results.

Mr. Robert Kerr, Director
December 28, 2006
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While we recognize the value of State policies and procedures with regard to oversight activities, this review focuses on the extent to which the policies and procedures have been implemented, and the results of the State's oversight activities. That is, how the State identifies quality issues, and how it addresses them, when issues are identified. As you will see in the attachment, we are requesting evidence as to the implementation of oversight activities.

After reviewing South Carolina's requested submissions, we will contact your staff to discuss any necessary follow-up activities. Please feel free to contact me at (404) 562-7414 with any questions about this request.

Sincerely,

A handwritten signature in dark ink, appearing to read "Terrie Morris". The signature is fluid and cursive, with a large initial "T" and a long, sweeping underline.

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

Attachment

Request for Evidentiary-Based Information

Level of Care Determination

Evidence that:

- 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.
- Enrolled participants are reevaluated at least annually or as specified in the approved waiver.
- The process and instruments described in the approved waiver are applied to determine level of care.
- The State monitors level of care decisions and takes action to address inappropriate level of care determinations.

Examples:

Reports from State monitoring reviews conducted; a summary report of all reviews; minutes of committee meetings showing evaluation of findings and recommendations and strategies for improvement developed. Do not submit policies, procedures, forms or individual participant records.

Plan of Care (POC)

Evidence that:

- POCs address all participants' assessed needs (including health and safety risk factors) and personal goals, either by waiver services or through other means.
- The State monitors POC development in accordance with its policies and procedures and takes appropriate action when it identifies inadequacies in the development of POCs.
- POCs are updated / revised when warranted by changes in waiver participants' needs.
- Services are specified by type, amount, duration, scope and frequency and are delivered in accordance with the POC.
- Participants are afforded choice:
 - 1) between waiver services and institutional care
 - 2) between / among waivers services and providers

Examples:

Reports from State monitoring reviews of POCs; reports of monitoring of service refusal and analysis; reports of State monitoring (e.g., provider, county, case management) to verify that services in POC have been received; summary report of all reviews; minutes of committee meetings showing evaluation of findings, recommendations and corrective actions taken and strategies for improvement developed; results of feedback from participant interviews or focus groups; analysis of incident reports/complaints; analysis of reported incidents; results of focus group meetings; results of staff interviews. Do not submit policies, procedures, forms or individual participant records.

Qualified Providers

Evidence that:

- The State verifies, on a periodic basis, that providers meet required licensing and/or certification standards and adhere to other State standards.
- The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.
- The State identifies and rectifies situations where providers do not meet requirements.
- The State implements its policies and procedures for verifying that training is provided in accordance with State requirements and the approved waiver.

Examples:

Reports from State monitoring; minutes of committee meetings showing evaluation of findings and recommendations related to provider qualifications and training; actions taken when deficiencies are identified such as sanctions or correspondence; reports include both licensed providers and those qualified through other means; analysis of complaints or incident reports; documentation of TA/training sessions. Do not submit policies, procedures, forms, qualification standards or provider records.

Health and Welfare

Evidence that:

- The State, on an ongoing basis, identifies and addresses and seeks to prevent instances of abuse, neglect and exploitation.

Examples:

Ongoing monitoring reports; reports and analysis of complaints; reports and analysis of allegations of abuse neglect and exploitation; results of investigations and actions taken; reports and action taken on plan of care discrepancies; minutes of QA or other committee meetings that show review of monitoring, recommended actions and follow-up reports. Do not submit policies, procedures, forms or individual participant records.

Administrative Authority

Evidence that:

- The Medicaid agency or operating agency conducts routine, ongoing oversight of the waiver program.

Examples:

A description of the State quality management program with evidence of activity such as monitoring and review reports; committee minutes; a record of actions taken; record of service denials and appeal requests; copies of issued notices of appeal.

Financial Accountability

Evidence that:

- State financial oversight exists to assure that claims are coded and paid in accordance with the reimbursement methodology specified in the approved waiver.

Examples:

Audit reports; monitoring reports; management meeting minutes that reflect analysis, recommendations and actions.