

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Liggett</i>	DATE <i>10-24-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000418</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Keck, Kost, Deps, CMS file</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-5-14</i>
<i>Cleared 9-16-14, see attached.</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.			<i>Bren-</i>
2.			<i>Needs due</i>
3.			<i>date =</i>
4.			<i>see highlights</i>

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1.			
2.			
3.			
4.			

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



Division of Medicaid & Children's Health Operations

June 20, 2014

Mr. Anthony Keck, Director
South Carolina Department of Health and Human Services
1801 Main Street
Columbia, SC 29202-8206

RECEIVED

JUN 24 2014

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 Home and Community-Based Services Waiver for elderly and/or disabled individuals, #0405.R02 (Community Choices). This review will be used to evaluate the overall performance of this waiver program during the currently approved period, July 1, 2011 – June 30, 2016, 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, 2016.

The CMS requires 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 review 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 that 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.

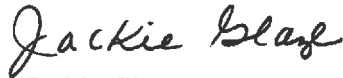
While we recognize the value of State policies and procedures with regard to oversight activities, this evaluation focuses on the extent to which the policies and procedures have been implemented, and the results of the State's oversight activities. That is, how does the State identify quality issues, 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 oversight activities.

Mr. Anthony Keck

Page 2

After reviewing the requested submissions, Kenni Howard will contact your staff to discuss necessary follow-up activities. Please feel free to contact her at (404) 562-7413 with any questions related to this request.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

Jackie Glaze

Associate Regional Administrator

Division of Medicaid & Children's Health Operations

Attachment: HCBS Quality Review Worksheet

cc: Michele MacKenzie, Central Office

HCBS Quality Review Work Sheet

I. Level of Care (LOC) Determination

<i>The State demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with care provided in a hospital, NF, or ICF/MR.</i>		
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 it has reviewed applicant files to verify that individual level 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, interviews, monitoring ✓ Analyzed collected data (including surveys, focus group, interviews, etc) ✓ Trends, remediation actions proposed / taken ✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation/opinion ✓ Participant/family observation/opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) Financial audits Meeting minutes Presentation of policies or procedures Reports to State Medicaid Agency on delegated administrative functions Other
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.	
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 approved waiver is used in all level of care re-determinations, the person(s) who implement level of care determinations are those specified in approved waiver, and the process/instruments are applied appropriately.	

II. Service Plans

<i>The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.</i>		
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: <ul style="list-style-type: none"> ✓ Record Reviews, on-site ✓ Record reviews, off-site ✓ Training verification records ✓ On-site observations, interviews, monitoring
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.	<ul style="list-style-type: none"> ✓ Analyzed collected data (including surveys, focus group, interviews, etc) ✓ Trends, remediation actions proposed / taken
Service plans are updated/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.	<ul style="list-style-type: none"> ✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation/opinion ✓ Participant/family observation/opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) Financial audits Meeting minutes Reports to State Medicaid Agency on delegated administrative functions Presentation of policies or procedures Other

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 in 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.	<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"> ✓ Record Reviews, on-site ✓ Record reviews, off-site ✓ Training verification records ✓ On-site observations, interviews, monitoring ✓ Analyzed collected data (including surveys, focus group, interviews, etc) ✓ Trends, remediation actions proposed / taken ✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation/opinion ✓ Participant/family observation/opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) <p>Financial audits Meeting minutes Reports to State Medicaid Agency on delegated administrative functions Presentation of policies or procedures Other</p>
Participants are afforded choice: 1) Between waiver services and institutional care; and 2) Between/among waivers 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

<i>The State demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.</i>		
Sub Assurances	CMS Expectations	Types of Evidence
The State verifies that providers initially and continually meet 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: <ul style="list-style-type: none"> ✓ Record Reviews, on-site ✓ Record reviews, off-site ✓ Training verification records ✓ On-site observations, interviews, monitoring
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.	<ul style="list-style-type: none"> ✓ Analyzed collected data (including surveys, focus group, interviews, etc) ✓ Trends, remediation actions proposed / taken
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 of training and actions it has taken when providers have not met requirements (e.g., technical assistance, training).	<ul style="list-style-type: none"> ✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation/opinion ✓ Participant/family observation/opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) Financial audits Meeting minutes Reports to State Medicaid Agency on delegated administrative functions Presentation of policies or procedures Other

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, appropriate 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"> ✓ Record Reviews, on-site ✓ Record reviews, off-site ✓ Training verification records ✓ On-site observations, interviews, monitoring ✓ Analyzed collected data (including surveys, focus group, interviews, etc) ✓ Trends, remediation actions proposed / taken ✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation/opinion ✓ Participant/family observation/opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) <p>Financial audits Reports to State Medicaid Agency on delegated administrative functions Meeting minutes Presentation of policies or procedures Other</p>

V. Administrative Authority

The State demonstrates that 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
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.	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>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"> ✓ Record Reviews, on-site ✓ Record reviews, off-site ✓ Training verification records ✓ On-site observations, interviews, monitoring ✓ Analyzed collected data (including surveys, focus group, interviews, etc) ✓ Trends, remediation actions proposed / taken ✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation/opinion ✓ Participant/family observation/opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) <p>Financial audits Meeting minutes Reports to State Medicaid Agency on delegated administrative functions Presentation of policies or procedures Other</p>

VI. Financial Accountability

<i>The State demonstrates that it has designed and implemented an adequate system for assuring financial accountability of the waiver program.</i>		
Sub Assurances	CMS Expectations	Types of Evidence
<p>State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.</p>	<p>State submits results of its financial monitoring process for verifying maintenance of appropriate financial records as specified in approved waiver.</p> <p>State submits results of its review of waiver participant claims to verify that they are coded and paid in accordance with the waiver reimbursement methodology.</p> <p>State demonstrates that interviews with State staff and providers are periodically conducted to verify that any identified financial irregularities are addressed.</p> <p>State demonstrates that site visits are conducted with providers to verify that they maintain financial records according to provider agreements/contracts.</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"> ✓ Record Reviews, on-site ✓ Record reviews, off-site ✓ Training verification records ✓ On-site observations, interviews, monitoring ✓ Analyzed collected data (including surveys, focus group, interviews, etc) ✓ Trends, remediation actions proposed / taken ✓ Provider performance monitoring ✓ Operating agency performance monitoring ✓ Staff observation/opinion ✓ Participant/family observation/opinion ✓ Critical events and incident reports ✓ Mortality reviews ✓ Program logs ✓ Medication administration data reports, logs ✓ Financial records (including expenditures) <p>Financial audits Meeting minutes Reports to State Medicaid Agency on delegated administrative functions Presentation of policies or procedures Other</p>

Brenda James

Log # 000418

From: Annie McCanne
Sent: Tuesday, September 16, 2014 1:36 PM
To: Brenda James
Cc: Jan Polatty
Subject: Close Logs 418 & 419
Attachments: Sj11bizhub14091609390.pdf; Sj11bizhub14091609400.pdf

Hey, Brenda - These logs were originally marked as necessary action but I believe a due date was to be assigned since this information is due to CMS by 9/20. See attached logs with our responses. Please close these in your system.

Thanks,
Annie

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

From: copier@scdhhs.gov [mailto:copier@scdhhs.gov]
Sent: Tuesday, September 16, 2014 5:40 AM
To: Annie McCanne
Subject: scan from copier

No reply. Any problems scanning contact Greg Mattison.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

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1. <i>Anthony Keck</i>			
2. <i>Pete Liggett</i>	<i>P. Liggett</i>		<i>DID PAGE-BY-PAGE REVIEW w/ STAFF EXCELLENT RESULTS!</i>
3. <i>Roy Smith</i>	<i>RS</i>		
4.			