

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Walsh</i>	DATE <i>8-29-11</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101101</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Fack, Deps, CUS file</i> <i>See attached e-mail.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" 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 4T20
Atlanta, Georgia 30303-8909

August 23, 2011

RECEIVED

AUG 29 2011

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

This formal Request for Additional Information (RAI) is in response to your request to amend the following South Carolina Home and Community Based waivers: Community Supports (control # 0676.R00.04), Medically Complex Children (control # 0675.R00.03), and Head and Spinal Cord Injury (control # 0284.R03.04). Our review found that they did not conform fully to statutory and regulatory requirements. Please provide the clarification necessary to respond to the following issue:

Appendix C-1/C-3: Participant Services – Specialized Medical Equipment and Supplies

Please explain how the State provides incontinence supplies to individuals not participating in the 1915(c) waiver under the mandatory home health benefit.

Under section 1915(f) of the Social Security Act, a waiver request must be approved, denied or additional information requested within 90 days of the receipt or the request will be deemed approved. The 90-day review period on Community Supports (control # 0676.R00.04) ends September 14, 2011.

The 90-day review period on Medically Complex Children (control # 0675.R00.03) and Head and Spinal Cord Injury (control # 0284.R03.04) ends on September 15, 2011. This request for additional information will, however, stop the 90-day clock. Once the additional information is submitted to us, the 90-day review clock will restart at day one.

If there are any questions, you may contact Ellen Blackwell at (410) 786-4498, or Connie Martin at (404) 562-7412.

Sincerely,

Jackie Glaze
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Waldrup</i>	DATE <i>8-29-11</i>
--------------------------	----------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101-101</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Tack, Deps, CURS f.t.c.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action

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

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



August 23, 2011

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

RECEIVED
AUG 29 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

This formal Request for Additional Information (RAI) is in response to your request to amend the following South Carolina Home and Community Based waivers: Community Supports (control # 0676.R00.04), Medically Complex Children (control # 0675.R00.03), and Head and Spinal Cord Injury (control # 0284.R03.04). Our review found that they did not conform fully to statutory and regulatory requirements. Please provide the clarification necessary to respond to the following issue:

Appendix C-1/C-3: Participant Services – Specialized Medical Equipment and Supplies

Please explain how the State provides incontinence supplies to individuals not participating in the 1915(c) waiver under the mandatory home health benefit.

Under section 1915(f) of the Social Security Act, a waiver request must be approved, denied or additional information requested within 90 days of the receipt or the request will be deemed approved. The 90-day review period on Community Supports (control # 0676.R00.04) ends September 14, 2011.

The 90-day review period on Medically Complex Children (control # 0675.R00.03) and Head and Spinal Cord Injury (control # 0284.R03.04) ends on September 15, 2011. This request for additional information will, however, stop the 90-day clock. Once the additional information is submitted to us, the 90-day review clock will restart at day one.

If there are any questions, you may contact Ellen Blackwell at (410) 786-4498, or Connie Martin at (404) 562-7412.

Sincerely,

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

Jackie Glaze
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

From: "Kimble, Davida R. (CMS/CMCHO)" <Davida.Kimble@cms.hhs.gov>
To: Jeff Saxon <Saxon@scdhs.gov>, Roy Hess <HESSROY@scdhs.gov>, Anthony Ke...
CC: "Wigfall, Cheryl (CMS/SC)" <Cheryl.Wigfall@cms.hhs.gov>, "Glaze, JackieL...
Date: 8/24/2011 5:04 PM
Subject: RE: Follow-up on SCDDSN Administrative Costs

Yes, the ICF/MR administrative costs are allowable as service costs since the ICF/MRs are not part of the waiver. As with any other cost settlements passed on audited cost reports you would need to make adjustments on the CMS-64.

The administrative costs for the ICF/MRs would not be part of the adjustment required for the administrative costs claimed in the waiver rate for the waiver program.

Hope this helps. Please call me if you need to discuss further.
Thank you

Davida Kimble
Branch Manager
Financial & Program Management Branch 1
Division of Medicaid & Children's Health Operations
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW - Suite 4T20
Atlanta, Georgia 30303-8909
404-562-7496
FAX 404-562-7482

Are you uninsured? Do you have a medical condition? If so, you may be eligible for the new Pre-existing Condition Insurance Plan. Call toll-free (866) 717-5826, TTY (866) 561-1604 or visit www.pcip.gov and click on "Find Your State" to learn more.

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

From: Jeff Saxon [mailto:Saxon@scdhs.gov]
Sent: Wednesday, August 24, 2011 8:38 AM
To: Kimble, Davida R. (CMS/CMCHO); Roy Hess; Anthony Keck
Cc: Wigfall, Cheryl (CMS/SC); Glaze, Jackie L. (CMS/CMCHO); White, Michelle M. (CMS/CMCHO); Sam waldrup
Subject: Re: Follow-up on SCDDSN Administrative Costs

Hello Davida:

Thank you for the response. However, in order to bring closure to this particular issue, please confirm whether or not the following interpretation of the letter is correct:

The SCDDSN administrative costs are allowable as service costs in SC Medicaid ICF/MR rate setting and the retrospective cost settlement process since ICF/MR services are not part of the waiver (in which SCDDSN administrative costs are held to the 50/50 rate).

Thanks for your assistance in this matter and please let me know if you have any questions.

Jeff

Jeff Saxon
Bureau Chief
Bureau of Reimbursement Methodology & Policy
SCDHHS
Phone: 803.898.1040
Fax: 803.255.8228

>>> "Kimble, Davida R. (CMS/CMCHO)" <Davida.Kimble@cms.hhs.gov>
8/18/2011 5:29 PM >>>

Mr. Keck,

Please see the attached letter regarding SCDDSN administrative costs for ICF/MRs. A hardcopy has also been mailed to you. If you or your staff have any questions, please do not hesitate to contact me.

Thank you.

Davida Kimble
Branch Manager
Financial & Program Management Branch 1
Division of Medicaid & Children's Health Operations
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW - Suite 4T20
Atlanta, Georgia 30303-8909
404-562-7496
FAX 404-562-7482

Are you uninsured? Do you have a medical condition? If so, you may be eligible for the new Pre-existing Condition Insurance Plan. Call toll-free (866) 717-5826, TTY (866) 561-1604 or visit www.pcip.gov (<http://www.pcip.gov/>) and click on "Find Your State" to learn more.

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.

If you have received this in error, please notify us immediately and destroy the related message.

Brenda James - Update: Logs 99, 100 & 101

From: Teeshla Curtis
To: Brenda James
Date: 12/19/2011 12:13 PM
Subject: Update: Logs 99, 100 & 101

Brenda,

Logs 99, 100 & 101 are all associated with waivers and incontinence supplies. We are in discussion with CMS about some related topics. Until these related issues are resolved we will not be able to respond to the Logs.

Teeshla