

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>WalDROP</i>	DATE <i>12-19-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101230</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Deps, CMS file, Make Extension until 5/30/12, see attached.</i>	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
<i>1. Change to N/A per Teeshla on 6/13/12, see attached e-mail</i>			
2.			
3.			
4.			

December 14, 2011

Mr. Anthony E. Keck, Director
Department of Health and Human Services
P.O. Box 8206
Columbia, South Carolina 29202-8206

RECEIVED

DEC 19 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 renew South Carolina's Home and Community Based Waiver for medically fragile children. Our review of the Medically Complex Children waiver request (control #0675.R01) found that it did not conform fully to statutory and regulatory requirements. Please provide the clarifications necessary to respond to the following issues:

Brief Waiver Description (p. 3)

1. With this renewal request, South Carolina is removing the "other" incontinence supplies service. Please consider adding the following, "*Incontinence supplies will be provided to all eligible South Carolina Medicaid beneficiaries as a mandatory service under the Home Health Services benefit at 42 CFR 40.70.3 specifying medical supplies, equipment and appliance according to medical necessity or utilization control procedures.*"

Additional Requirements – I – Public Input (p. 6)

2. Was there any significant public input that impacted development of the renewal?

Appendix A: Waiver Administration and Operation (p. 11)

3. Please add a brief description of the Phoenix Case Management system, as this is the first reference under Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities.

Appendix A, 6. Assessment Methods and Frequency (p. 11)

4. When the QIO conducts a "representative sample review" of ICF/MR level of care determinations completed by DDSN to verify they were performed in accordance with waiver requirements, what constitutes a "representative sample"? Is it a statistically valid sample?

Appendix A. QI, Administrative authority of the Single State Medicaid Agency, Performance Measure 1 (p. 12)

5. In the DHHS/CSO Administrative Contract sampling is 100%, what rationale was used to determine frequency of data collection/generation would only be every two years or more often if needed? What circumstance determines "more often if needed"?

6. In the proportion of special focus reviews, utilization reviews, and/or fraud investigations, the state determined "Sampling is determined by evidence warranting a special review and/or investigation." Would this sampling method always result in a statistically valid random sample?

Performance Measure 2, Proportion of special focus reviews, utilization reviews, and/or fraud investigations (p. 13)

7. How does the State propose to measure the intended reports?

Performance Measure 3, Policies and procedures are amended accordingly based on staff and provider recommendations, as appropriate (p.14)

8. The State may wish to re-state the performance measure so that it is measurable.

Performance Measure 4, Meetings are held with providers to discuss specific waiver issues (p. 15)

9. How does the State propose to measure the intended reports?

Appendix B-1, Target Groups, Additional Criteria (p. 17).

10. Please insert a reference or summary of the State-defined medical criteria. Regarding the transition procedures in (c), have there been any issues in the past to indicate the process has not worked smoothly?

Appendix B-3 Number of Individuals Served, (c) Allocation of Waiver Capacity (p. 21)

11. Does the State have a need to reserve capacity for its Money Follows the Person Demonstration?

Appendix B-6-(d) Evaluation/Reevaluation-Level of Care (p. 21)

12. The State's website seems to indicate it is moving towards more current language. Does it wish to use the terms Intellectually Disabled and Developmentally Disabled in the HCBS waiver?

Appendix C-1/C-3 Services - Incontinence Supplies (pages 39, 42)

13. The State needs to remove the incontinence supplies. Please note supplies can only be limited based on medical necessity and utilization review.

Appendix C-1/C-3 – Pediatric Medical Day Care (p.43)

14. The State cannot limit a service within a waiver that serves individuals 0-18 to only individuals 0-6. Please remove the age cap. The State may wish use needs-based criteria to assist it in limiting the service.

Appendix C-2, General Service Specifications (p. 45)

15. Are providers undergoing criminal history and/or background checks allowed to perform services before the results of the investigation is back? Are these investigations reoccurring at intervals of employment?

16. Are providers undergoing abuse registry screenings allowed to perform services before the results of the investigation is back? Are these investigations reoccurring at intervals of employment?

Appendix D-1, Service Plan Development Process (p. 56).

17. The State may wish to reconsider the use of the word “problem” in association with beneficiaries. Perhaps “needs’ would be more appropriate.

Appendix F, Opportunity to Request a Fair Hearing (p. 74)

18. Does the Adverse Notification form contain a toll free number for the participant to use to seek assistance in filing an appeal?

Appendix G-1 (e), Response to Critical Events or Incidents, (p. 77)

19. The Care Services Organization will submit reports in Phoenix to the State when a critical event occurs requiring medical intervention and/or results in hospitalization, or abuse/neglect. How are less critical events monitored?
20. Also, in the currently approved application the State was working on “a system of receiving and investigating reports of alleged abuse, neglect, and exploitation occurrences regarding pediatric waiver participants.” What is the status of that system?

Appendix I-2, Rate Determination Methods (p.95)

21. Please delete references to incontinence supplies.

Appendix I-3, Rates, Billing and Claims (p. 96)

22. The State reports “Almost all claims for waiver services are submitted to MMIS through South Carolina’s Care Call system.” Please add how the State monitors claims not submitted through the Care Call system.

Appendix J, Cost Neutrality Demonstration (p. 104)

23. Please adjust the calculations in Appendix J to reflect changes regarding incontinence supplies and pediatric medical day care.

Appendix J-2, b, Average Length of Stay (p. 105)

24. Does the State know why the ALOS is only 295 days/10 months?

Appendix J, Derivation of Estimates, (p. 106)

25. It appears all the rates have been cut since the last approval: Care Coordination was \$135, now \$117; Pediatric Medical Day Care was \$22, now \$19; Respite was \$35, now \$31. Have the rate cuts been implemented? If yes, has there been an impact on the health and safety of beneficiaries, and provider participation? If the rates have not been cut, what impact does the State anticipate the rate cuts (13 percent, 14 percent, and 11 percent, respectively) will have on beneficiaries? What impact does the State anticipate the rate cuts will have on the provider community?

Mr. Anthony E. Keck

December 14, 2011

Page Four

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 this request ends December 29, 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 Connie Martin at (404) 562-7412.

Sincerely,



Jackie Glaze

Associate Regional Administrator

Division of Medicaid and Children's Health Operations

cc: Ellen Blackwell, CO

Brenda James - Update Log 230



From: Teeshla Curtis
To: Brenda James
Date: 3/28/2012 1:16 PM
Subject: Update Log 230
CC: George Maky; Jocelin T Dawson
Attachments: FW: TE For SC-0675

Brenda,

We have been granted a temporary extension (May 30, 2012) in response to Log 230.

Teeshla

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services
Disabled and Elderly Health Programs Group

March 27, 2012

Mr. Anthony Keck
Director
South Carolina Department of Health and Human Services
1801 Main Street
Columbia, SC 29205

Dear Mr. Keck:

In response to the March 19, 2012 request from the State of South Carolina, the Centers for Medicare & Medicaid Services (CMS) is granting a second temporary extension of South Carolina's Home and Community-Based Services (HCBS) Waiver program for medically complex children, which was scheduled to expire on December 31, 2011. This extension for a 60 day period allows the "Medically Complex Children Waiver," CMS control number SC.0675.00, to continue operating through May 30, 2012 at cost and utilization levels approved for the fifth year of the waiver program, with Federal financial participation.

CMS is granting this temporary extension in order to provide additional time for State officials to work with CMS staff to resolve issues that have arisen during the waiver renewal review process, including clarification on the provision of incontinence supplies.

Thank you for your ongoing work with CMS staff during the process of revising and clarifying the waiver renewal application. If you need any assistance, feel free to contact Connie Martin in the CMS Atlanta Regional Office at (404) 562-7412 or Marge Sciulli in my office at (410) 786-0691.

Sincerely,

A handwritten signature in cursive script that reads "Barbara Coulter Edwards". The signature is written in black ink and is positioned above the printed name and title.

Barbara Coulter Edwards
Director

cc: Marge Sciulli, CMS CO
Connie Martin, CMS Atlanta RO

Brenda James - Log 230 Update

From: Teeshla Curtis <CURTIST@scdhhs.gov>
To: Brenda James <JAMESBR@scdhhs.gov>
Date: 3/27/2012 12:28 PM
Subject: Log 230 Update
Attachments: South Carolina Temporary Extension Request Medically Complex Children's Waiver.pdf

Brenda,

We recently requested an extension for our waiver renewal.

Teeshla

From: Teeshla Curtis
Sent: Monday, March 19, 2012 4:38 PM
To: 'barbara.edwards@cms.hhs.gov'
Cc: 'Shantrina.Roberts@cms.hhs.gov'; 'Jackie.Glaze@cms.hhs.gov'
Subject: South Carolina Request for Extension of Medically Complex Children's Waiver Renewal

Ms. Edwards:

Please find attached South Carolina's request for an extension of the Medically Complex Children's Waiver Renewal.

Teeshla Curtis

Administrative Coordinator
Office of Long Term Care and Behavioral Health
South Carolina Department of Health and Human Services
1801 Main Street
Columbia, South Carolina 29202
(803) 898-2502



March 19, 2012

Ms. Barbara Coulter Edwards, Director
Disabled and Elderly Health Programs Group
Department of Health and Human Services
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Mailstop: S2-14-26
Baltimore, Maryland 21244-1850

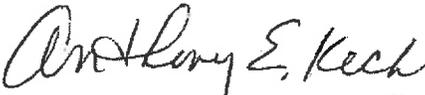
Re: SC 0675.R01.00

Dear Ms. Edwards:

The State of South Carolina respectfully requests a 60-day temporary extension to complete the necessary revisions for the Medically Complex Children's Waiver (SC 0675.R01.00) renewal request.

We appreciate your attention to this request and look forward to your response.

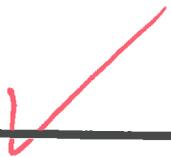
Sincerely,


Anthony E. Keck
Director

AS

cc: Jackie Glaze

Brenda James



From: Teeshla Curtis
Sent: Wednesday, June 13, 2012 9:14 AM
To: Brenda James
Cc: George Maky; Jocelin T Dawson
Subject: Ref Log 000230 Update
Attachments: CMS Approval for Third Temporary Extension.pdf

We were granted a third extension for the MCC waiver.

Teeshla

N/A

From: Teeshla Curtis
Sent: Tuesday, March 27, 2012 12:27 PM
To: Brenda James (JAMESBR@scdhhs.gov)
Subject: Log 230 Update

Brenda,

We recently requested an extension for our waiver renewal.

Teeshla

From: Teeshla Curtis
Sent: Monday, March 19, 2012 4:38 PM
To: 'barbara.edwards@cms.hhs.gov'
Cc: 'Shantrina.Roberts@cms.hhs.gov'; 'Jackie.Glaze@cms.hhs.gov'
Subject: South Carolina Request for Extension of Medically Complex Children's Waiver Renewal

Ms. Edwards:

Please find attached South Carolina's request for an extension of the Medically Complex Children's Waiver Renewal.

Teeshla Curtis

Administrative Coordinator
Office of Long Term Care and Behavioral Health
South Carolina Department of Health and Human Services
1801 Main Street
Columbia, South Carolina 29202
(803) 898-2502

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services
Disabled and Elderly Health Programs Group

MAY 29 2012

Mr. Anthony Keck

Director

South Carolina Department of Health and Human Services
1801 Main Street
Columbia, SC 29205

Dear Mr. Keck:

In response to the May 14, 2012 request from the State of South Carolina, the Centers for Medicare & Medicaid Services (CMS) is granting a third temporary extension of South Carolina's Home and Community-Based Services (HCBS) Waiver program for medically complex children, which was scheduled to expire on December 31, 2011. This extension for a 90 day period allows the "Medically Complex Children Waiver," CMS control number SC.0675.00, to continue operating through August 28, 2012 at cost and utilization levels approved for the fifth year of the waiver program, with Federal financial participation.

CMS is granting this temporary extension in order to provide additional time for State officials to submit the required 372 reports and work with CMS staff to resolve issues that have arisen during the waiver renewal review process.

Thank you for your ongoing work with CMS staff during the process of revising and clarifying the waiver renewal application. If you need any assistance, feel free to contact Kenni Howard in the CMS Atlanta Regional Office at (404) 562-7412 or Marge Sciulli in my office at (410) 786-0691.

Sincerely,

A handwritten signature in black ink, appearing to read "Barbara Coulter Edwards on behalf of". The signature is fluid and cursive.

Barbara Coulter Edwards
Director, Disabled and Elderly Health Programs Group

cc: Marge Sciulli, CMS CO
Kenni Howard, CMS Atlanta RO