

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>12-28-07</i>
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<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER <b>000315</b>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u><i>1-9-08</i></u>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	<input type="checkbox"/> FOIA DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>C: Sam Waldrop Mrs. Jenkins</i>	<input type="checkbox"/> Necessary Action		

	<b>APPROVALS</b> (Only when prepared for director's signature)	<b>APPROVE</b>	<b>* DISAPPROVE</b> (Note reason for disapproval and return to preparer.)	<b>COMMENT</b>
1.	<i>Cleared 1/9/08. Attached.</i>	<i>Letter</i>		
2.				
3.				
4.				

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

CMS  
CENTERS FOR MEDICARE & MEDICAID SERVICES

December 11, 2007

Emma Forkner, Director  
South Carolina Department of Health and Human Services  
P.O. Box 8206  
Columbia, South Carolina 29202-8206

RECEIVED  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

DEC 27 2007

RE: Informal Request for Additional Information

Dear Ms. Forkner:

This is in response to your request to amend South Carolina's Home and Community Based Waiver for Persons with Mental Retardation and Related Disabilities. This request has been assigned control number SC 0237.90.R2.03. This number should be used in all correspondence pertaining to the amendment. We are requesting that you respond to this **informal** request for additional information. Please provide clarification necessary to respond to the following concerns:

In Appendix C-3, page 14: Adult Attendant Care services: The State has inserted the following phrase into the AAC service definition, "or has a representative who is able to direct their care." Please specify the representative responsible for performing this service. In addition, please identify their relation to the recipient and the method of authority they have for directing the recipient's services. Is this restricted to a guardian, responsible family member or spouse?

Please respond to this request no later than January 11, 2008, so that a second review can be completed timely. If you need assistance, please do not hesitate to contact me at (404) 562-7159.

Sincerely,



Kimberly Adkins-McCoy  
Health Insurance Specialist  
Medicaid & SCHIP Policy Branch

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

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



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Emma Forkner  
Director

January 9, 2008

# 315

Ms. Kimberly Adkins-McCoy  
Center for Medicare and Medicaid Services  
Division of Medicaid and SCHIP Policy Branch  
Atlanta Federal Center  
61 Forsyth Street, SW, Suite 4T20  
Atlanta, Georgia 30303-8909

RE: Informal Request for Additional Information

Dear Ms. Adkins-McCoy:

The State of South Carolina recently received your informal request regarding a minor amendment to our Home and Community-Based Waiver for Persons with Mental Retardation and Related Disabilities (MR/RD). Your letter indicates control number SC 0237.90.R2.03 was assigned to this request. You specifically requested clarification regarding the following concern:

*In Appendix C-3, page 4: Adult Attendant Care services: The State has inserted the following phrase into the AAC service definition, "or has a representative who is able to direct their care." Please specify the representative responsible for performing this service. In addition, please identify their relation to the recipient and the method of authority they have for directing the recipient's services. Is this restricted to a guardian, responsible family member or spouse?*

By adding the addition of representative-directed care in the adult attendant care service, the State is simply increasing the options available to the MR/RD population in this waiver. In consultation with the SC Department of Disabilities and Special Needs, we offer the following possibilities for serving in the role of representative. This information will be incorporated as the State's working policy.

*The spouse of the Medicaid recipient;*

*A parent of a minor Medicaid recipient;*

*A legally responsible foster parent of a minor Medicaid recipient;*

*A legally responsible guardian of a minor Medicaid recipient;*

Ms. Kimberly Adkins-McCoy  
January 9, 2008  
Page 2

*A court appointed guardian of an adult Medicaid recipient;  
Step-parent of a minor Medicaid recipient;  
A surrogate chosen by the Medicaid recipient; or  
A surrogate chosen in accordance with the priority noted in the SC Health Care  
Consent Act when the Medicaid recipient is not able to give consent.*

As you can see from this list, the representative is not limited to a guardian, responsible family member or spouse.

The representative's appropriateness and authority is determined by nurses contracted through the University of South Carolina. The State utilizes an independent contract with the University to develop and oversee the process of screening waiver participants and/or their representatives for attendant care services, to discuss the benefits and responsibilities of this service, and to ensure when and how they want the services to be given. The Service Coordinators prepare pre-screening assessment instruments which the nurses use during on-site visits to evaluate a participant or representative's communication and cognitive patterns as well as the ability to direct care. If a participant is unable to self-direct or chooses to have a representative direct his/her care, the representative is evaluated to determine his/her knowledge of the participant's medical condition, needs and preferences, as well as his/her ability to make the participant's needs understood.

This process mirrors what is currently used for South Carolina's Community Choices and Head and Spinal Cord Injury (HASCI) waivers. The State believes it will be an appropriate transition to incorporate the MR/RD waiver into this activity.

We appreciate the opportunity to offer this information and hope it is helpful. If you need additional assistance, please contact Kara Lewis of my staff at 803-898-2590. We look forward to hearing from you regarding the approval of this technical amendment.

Sincerely,



Emma Forkner  
Director

EF/wslk