DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Liggett	8-9-13

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000071	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____ Closed 8/21/13. See note	[X] Prepare reply for appropriate signature DATE DUE 8-21-13 [ ] FOIA DATE DUE _____ [ ] 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.			

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration

SOUTH CAROLINA Department OF Disabilities AND Special Needs

3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

August 7, 2013

Mr. Pete Liggett
S.C. Department of Health and Human Services
1801 Main Street
P.O. Box 8206
Columbia, SC 29202-8206

Dear Mr. Liggett:

DDSN understood and agreed to change and restructure services/activities from the broader Service Coordination definition into other service components. The purpose was twofold: comply with new MTCM requirements and develop a new Medicaid-billable service to allow remaining important activities to continue.

A workgroup which included providers of Service Coordination, DDSN staff and DHHS staff began meeting in January 2013. The objective of those meetings, as indicated in written correspondence from George Maky, was to "seek the provider workgroup's input about options and recommendations for a waiver case management service." While written input from the group was provided to DHHS in February 2013, essentially none of the input was incorporated into the development of the waiver case management service. Instead, the waiver case management service definition, qualifications, etc. shared in the July 19, 2013 email from George Maky was the same definition as was proposed by DHHS as a new service in the Community Supports Waiver on March 5, 2012. We understood it was DHHS' intent to incorporate the input of the workgroup into the definition submitted to CMS. Was this not the case?

Prior to sending out the proposed definition of Medicaid Waiver Case Management, DDSN specifically asked both you and George Maky to ensure that sufficient detail about the definition be given to allow for comparison to what was submitted by DDSN as Support Coordination. However, we are unable to determine the implications of the proposal. For that reason, we are asking for the following specific clarifications:

- The DHHS proposed Medicaid Waiver Case Management definition is "Services that assist participants in gaining access to needed waiver and other State plan services, as

well as medical, social, educational, and other services, regardless of the funding source for the services to which access is gained.

- Case managers are responsible for ongoing monitoring and the coordination of the provision of services included in the participant's plan of care.

- The state may claim the cost of case management furnished to institutionalized individuals prior to their transition to a waiver program. Case management services for transitioning institutionalized individuals may be billed for up to 180 days in advance of a transition to a waiver program, and claimed upon the individual's date of enrollment."

The "Instructions" on page 146 of the CMS Application for a §1915(c) Home and Community-Based Waiver Instructions, Technical Guidance and Review Criteria (CMS Technical Guide) states,

"When case managers perform other activities/functions (e.g., crisis response) that are not included in the core definition, specify the additional functions.

When case managers are responsible for the ongoing monitoring of...participant health and welfare, include a statement to that effect in the definition...

When case managers are responsible for initiating the process to evaluate and /or reevaluate the individual's level of care and/or the development of service plans as specified in Appendices B and D of the application include a statement to that effect in the service definition…

When case management includes providing supports to assist participant to direct their services, specify the types of supports that case managers furnish"

Clarification Needed: Regarding the proposed Medicaid Waiver Case Management definition and in light of the Instructions from the CMS Technical Guide, please clarify if case managers will be expected to perform any additional activities/functions, be responsible for the ongoing monitoring of participant health and welfare, be responsible for level of care evaluation/reevaluation, be responsible for developing the service plans, or be allowed to support participants in direction of their own services.

The definition of Support Coordination proposed by the workgroup included a section entitled "Activities within the Scope." This section included specific activities/functions/tasks that could be performed by a case manager. Those activities are:

- Evaluation and/or reevaluation of level of care as specifically allowed by the approved waiver.

- Offering of choice of institutional care or HCB Waiver participation.

- Assessment and/or reassessment of need.

- Development and/or review of the plan including convening the person-centered planning team (which may be) comprised of the participant, participant's family, direct service

providers, medical and social work professionals, as necessary, and advocates who assist in determining the appropriate supports and strategies to meet participant needs and preferences.

- Coordination of multiple services and/or among multiple providers including the authorization of needed waiver services.
- Informing of rights and responsibilities and informing of all qualified providers of needed services.
- Reporting, educating and responding to abuse, neglect, and exploitation.
- Advocating for, linking and referring waiver participants to other federal, state, and local programs and monitoring access to and receipt of services.
- Ongoing monitoring of the implementation of the provision of services and participant health and welfare. Monitoring (may) include(s) direct observation, review of documents, reviewing the quality and outcome of services and contact with service providers as needed to assure health and safety and to prevent hospitalization or institutionalization.
- Addressing problems in service provision.
- Responding to participant crises.
- Budgeting for and monitoring waiver services; informing of individual cost limit as appropriate and offering choice among services within cost limits.
- Assisting with self-direction of services.
- Assisting with managing benefits, as needed.
- Assisting with expanding or establishing social support networks through advocacy and linking the recipient with appropriate persons support groups or agencies. These strategies will incorporate the principles of empowerment, community inclusion, health and safety assurances and the use of formal, informal and community supports.

Clarifications Needed: Please specifically clarify which of these activities/functions would be included/required/covered as part of the proposed Medicaid Waiver Case Management definition. For any activity that would not be included/required/covered, please explain why not.

The proposed Medicaid Waiver Case Management definition includes the following requirements for "contact":

"Monthly monitoring contacts:

- Allowable: Telephone, e-mail, and on-site locations (i.e., home, school, or other location)

Quarterly face to face contacts:

- Includes a minimum of two in-home contacts."

Clarifications Needed:

1. *Please clarify if reviewing written documentation from a service provider (e.g., review of Residential Habilitation training data and progress notes; review of progress notes from the Behavior Support provider regarding the effectiveness of the service and progress toward established goal; review of notes from the nurses who provide Nursing Services; etc.) is considered monitoring.*

2. *Would contact for a purpose other than "monitoring" meet the requirement?*

The proposed Medicaid Waiver Case Management definition includes the following Provider Qualifications. Provider staff must meet at least one of the following staffing requirements:

a. A Social Worker licensed by the state of South Carolina.

b. An individual with a Bachelor's degree in Social Work or a Master's degree in Social Work who is not licensed must have at least two (2) years' experience in a health or social related field.

c. A Registered Nurse currently licensed by the state of South Carolina or by a state that participates in the Nursing Compact.

d. A Professional Counselor currently licensed by the state of South Carolina.

e. A Certified Geriatric Care Manager.

f. An individual who does not meet any of the requirements of a-e above, but was hired by a provider prior to July 1, 2013, and has been employed continuously since that time. An individual meeting the qualifications through this requirement will need to complete a DHHS approved Certification program within six (6) months.

Other requirements:

- All Case Managers who have professional licenses must comply with the continuing education requirements necessary for their specific licensure.

- All Case Managers who do not have professional licenses must have a minimum of ten (10) hours of relevant in-service training per calendar year.

- PPD Test.

- No felony conviction of any kind.
- A current and valid driver's license.
- Demonstrated skills in computer hardware/software access and usage.
- Picture identification badge identifying agency/organization.

Clarifications Needed:

1. *Regarding these qualifications, please explain the choice of July 1, 2013 as the deadline for non-licensed case managers to complete a certification program.*
2. *Regarding these qualifications, please explain why a driver's license is required.*
3. According to the CMS Technical Guide p.179, "the qualifications of individual who are responsible for service plan development should be reflective of the nature of the waivers target population." *Assuming service plan development is an activity/function to be performed by case managers as part of this service, please explain how the qualifications are reflective of the nature of people with ID/RD, HASCI and Autism.*
4. *As previously requested, DDSN is interested in data that documents certain credential like licensure yield better client outcomes. Please provide this data.*
5. *Please explain the value of having a Certified Geriatric Care Manager provide case management to people in the ID/RD, CS, PDD, and HASCI Waivers when less than 5% of the participants in those waivers are geriatric while not including other specialty degrees, licenses or certifications (e.g., certified special education teachers).*
6. *DDSN is interested in assisting with any "DHHS approved certification program."*
7. *The provider qualifications require that the certification program be completed within six (6) months. Please clarify if this means six months from July 1, 2013 or something else.*

Rate

Clarification Needed:

1. *Please clarify the rate to be paid per 15 minute unit for Medicaid Waiver Case Management.*

The July 19, 2013 email from George Maky stated, "The provision of the Medicaid Waiver Case Management service will include and be limited to Level of Care, Service Plans, Freedom of Choice, Health and Welfare, and Monitoring waiver responsibilities."

Clarifications needed:

1. *Please specifically define/list the case managers' actions/activities that would be covered as part of "Level of Care, Service Plans, Freedom of Choice, Health and Welfare, and Monitoring waiver responsibilities."*

2. *Please specifically explain the role/responsibility of the case manager regarding Participant Safeguards as discussed in the CMS Technical Guide since this is not included in the proposed definition.*

3. *Please explain the statements that limit waiver case management to only waiver functions in light of the DHHS proposed Medicaid Waiver Case Management definition which includes assistance to gain access to other State plan, medical, social, educational and other service regardless of the funding source.*

4. *Please explain the statements that limit waiver case management to only waiver functions in light of the following statements from the CMS Technical Guide:*

"In the context of an HCBS waiver, case management usually entails (but is not limited to) conducting the following functions:

- *Evaluation and/or reevaluation of level of care;*
- *Evaluation and/or reassessment of the need for waiver services;*
- *Development and/or review of the service plan;*
- *Coordinating multiple services among multiple providers;*
- *Linking waiver participants to Federal, state and local programs;*
- *Monitor the implementation of the service plan and participant health and welfare;*
- *Addressing problems in service provision;*
- *Responding to participant crises; and*
- *Determining the cost neutrality of the waiver services for an individual." (pp. 113-114)*

"Case Management: a set of activities that are undertaken to ensure that the waiver participant receives appropriate and necessary services. Under a HCBS waiver, service plan development, service plan implementation and service monitoring as well as assistance in accessing waiver, State plan and other non-Medicaid services and resources..." (p. 289)

"Service plans address all participants' assessed needs...and personal goals, either by waiver services or through other means." (p. 9)

"The service plan must be inclusive of all of the services and supports that are furnished to meet the assessed needs of a participant, including services that are funded from sources other than the waiver (e.g., services that are obtained through the State Medicaid plan, from other public programs and or through the provision of informal supports). In other words, the service plan should provide a complete picture of how participant needs are met... With respect to other public services and informal supports, responsibilities include linkage, referral and advocacy and monitoring access to and receipt of other services as part of service plan implementation..."(p. 55)

"When non-waiver services and supports are included in the service plan the administering agency is not responsible for ensuring their availability or actual delivery. As necessary and appropriate, activities should be undertaken to link, refer or advocate for such services. When non-waiver services and supports are needed to meet the needs of the participant, their provision must be monitored during the implementation of the service plan." (p. 178)

The July 19, 2013 email from George Maky stated, "At a future time period still to be determined, a provider of Medicaid Waiver Case Management services will not be permitted to continue to be Medicaid Waiver Case Management service provider and direct Medicaid waiver service provider to eliminate any real or potential conflict of interest."

Clarification Needed: Please provide any specific evidence that choice was limited / restricted because the direct service provider was the same.

As indicated in the CMS Technical Guide (p.180), this is allowed by CMS. The safeguards included in the waivers are employed to ensure the participants' interests are protected. DDSN is unaware of any evidence that may suggest that the safeguards are ineffective.

Thank you for the opportunity to comment.

Sincerely,

Susan Kreh Beck, Ed.S. NCSP
Associate State Director-Policy

cc: Dr. Beverly A.H. Buscemi, State Director-DDSN
Colleen Mullis, Dept. of Health and Human Services
Mr. George Maky, Dept. of Health and Human Services

SOUTH CAROLINA
Department
OF
Disabilities
AND
Special Needs

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Columbia, SC 29240

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

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Mr. Pete Liggett
S.C. Department of Health and Human Services
1801 Main Street
P.O. Box 8206
Columbia, SC 29202-8206

GA-KSMP 29202

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1.			MET WITH SUSAN BACK TO DISCUSS THIS LETTER 8/12/13. WILL HAVE F/U MEETING WITH DDSN 8/21/13
2.			
3.			
4.			

Brenda - Please close - See Pete's note below.

Thanks

Anne

8/16/13

Beverly A. H. Buscemi, Ph.D.
State Director
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