

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers / SAM</i>	DATE <i>11-9-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100218</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>11-23-09</i> *
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forkner, Depe, CMS files</i>	<input type="checkbox"/> 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
1.			* Document Response due
2.			on Nov 27th,
3.		<i>Also,</i>	Copies provided to Jefferson, Kathy Bass.
4.			

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
, 150 S. Independence Mall West  
Suite 216, The Public Ledger Building  
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

NOV 5 2009

RECEIVED

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

NOV 09 2009  
Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Ms. Forkner,

This is to notify you that the Centers for Medicare & Medicaid Services (CMS) will perform an onsite review of South Carolina's 1915c waiver programs. The purpose of this review is to determine whether the State of South Carolina has excluded room and board costs in accordance with Federal statute and regulations at §1915(c)(1) of the Social Security Act and 42 CFR §441.320..

This onsite review will be conducted on January 11 – January 15, 2010 with the South Carolina Medicaid Agency. An onsite visit with waiver providers may be conducted during this same period. The review team will coordinate date and time with the Medicaid agency at the time of the entrance conference. The review team consists of the following individuals:

Paul Woods	Review Team Coordinator, Boston Regional Office
Regina McIntyre	Review Team Member, Philadelphia Regional Office
Charlie Arnold	Review Team Member, Atlanta Regional Office

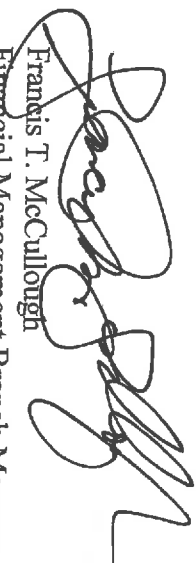
Please ensure that appropriate agency staffs, including sister agencies that administer the 1915(c) waiver programs or provide the wavier services, are available when the CMS review team arrive for the entrance conference and are available during CMS' time onsite for this review. Also, please ensure that the staffs with knowledge of the non-federal funding through Intergovernmental Transfers and CPE's during FFY 2007 and FFY 2008 are also available when the CMS review team arrive onsite for this review. We also ask that you provide the team with private workspace, as well as access to a telephone, photocopier and parking.

CMS would like to conduct an entrance conference at 1:00pm on January 11, 2009, at the South Carolina Medicaid Agency. Specific arrangements may be made directly with Paul Woods, the Review Team Coordinator.

Attached are initial documentation requests and questions (**Attachment A**). Please provide the requested documents and responses to our questions by November 27, 2009. Additional documentation may be requested after we complete our review of the initial request. Any additional documentation should be made available upon our arrival. Please provide the name of a primary contact person to assist in coordination of the review.

Thank you for your cooperation and assistance in this matter. Please direct any inquiries concerning this letter to Paul Woods (617-565-1571) or email at [paul.woods@cms.hhs.gov](mailto:paul.woods@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Francis T. McCullough", written over a horizontal line.

Francis T. McCullough  
Financial Management Branch Manager

Cc:  
Mary Justis  
Joyce Wilkerson

Attachments: 1

**Attachment A**  
South Carolina HCBS Waiver Program  
Initial Documentation Request  
November 5, 2009

To expedite the review of Room & Board (R&B) costs in Home & Community Based Waivers for Federal Fiscal Years (FFY) 2007 and 2008, please provide the following documentation, in **electronic format** where possible. Please send this documentation to Paul Woods, lead reviewer, in the CMS Boston Regional office at [paul.woods@cms.hhs.gov](mailto:paul.woods@cms.hhs.gov) by **November 27, 2009**. If hard copies of documentation are all that is available please mail to the following address:

Department of Health and Human Services  
Centers for Medicare and Medicaid Services  
JFK Federal Building, Room 2275  
Boston MA 02203  
Attention: Paul Woods

Thank you in advance for your time and attention to this request.

**Prior to the visit, please send:**

1. A listing of the 1915 (c) waivers that provide services in community residential facilities.
2. For each waiver identified, provide:
  - a. A listing of the providers
  - b. A description of the reimbursement methodology being used
  - c. A detailed description of how any rates are developed. Please provide an actual example for each rate type used during FFY 2007 & 2008.
  - d. How room and board costs are excluded from the claim
  - e. Please describe how the services are billed.
  - f. Please describe how the nonfederal share is funded. Appropriations, Certified Public Expenditures, or Intergovernmental Transfers? If appropriations or Intergovernmental transfers, does the provider keep the entire total computable payments? If Certified Public Expenditures, please provide a sample of the cost report and instructions.
  - g. Provide documentation related to any changes to the reimbursement methodology or fee schedule rates during FFY 2007 or 2008.

**Attachment A**  
South Carolina HCBS Waiver Program  
Initial Documentation Request  
November 5, 2009

- h. Provide a copy of any interagency agreements between the Medicaid agency and any sister agency responsible for operation of the waiver, if applicable.
- i. Please enclose copies of contracts with any contractors that have assisted or otherwise developed, implemented or administered this waiver.

- 3. Please provide an electronic copy (preferable in Excel format) of the detail of charges, including service code, billable units, date of payment, provider ID, client ID, etc. that make up the claims on the CMS-64 for all quarters of FFYs 2007 & 2008. Please also provide a data book with descriptions of all data fields included in the file.

**Note:** If more time is needed to assemble the requested data for the entire two-year period, we request that information for at least the quarters ended March 31, 2007 and June 30, 2008 be provided by the due date for this request November 27, 2009.

- 4. Please provide an electronic listing of all manual adjustments for each of the identified waivers for FFY 2007 & 2008.
- 5. Please enclose copies of contracts with any revenue maximization contractors for this waiver.
- 6. Please provide an electronic copy of the State's policies and procedures on room & board for the identified waiver and services.
- 7. Provide a copy of any other pertinent documents that would assist in the preparation of the review

## Sam waldrep - Log Letter 218

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**From:** Sam waldrep  
**To:** George Maky  
**Date:** 11/10/2009 11:45 AM  
**Subject:** Log Letter 218  
**CC:** Jeff Saxon

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Re: CMS audit of waivers re: R&B to comm'ly residential facilities

I spoke with Jeff about this and tried to reach Paul Woods the CMS contact for further clarification.

We need to know how they define CRCFs. Does it include CHTs & SLPs? Are they looking for services when we pay the facility only?

My concern is that this will apply to the very few CRCFs enrolled as hab providers, and perhaps to the CHTs.

Until we can talk with Mr. Woods, not sure there's anything we can do further.

**Margie Hickerson - Fwd: Re: Log #218**

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**From:** Brenda James  
**To:** Richard Kluender  
**Date:** 3/17/2010 11:09 AM  
**Subject:** Fwd: Re: Log #218  
**CC:** Margie Hickerson

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**Security:** Proprietary

**Thanks so much guys, I will close out with this e-mail and Jeff's response. bj**

**Brenda G. James**  
**Director's Office**  
**SCDHHS**  
**1801 Main Street**  
**Columbia, SC 29201**  
**E-mail - [jamesbr@scdhhs.gov](mailto:jamesbr@scdhhs.gov)**  
**(803) 898-2580**

>>> Richard Kluender 3/17/2010 10:28 AM >>>  
Brenda Please see below regarding the above log. It appears that the response you have from Jeff is all that was needed.

>>> Margie Hickerson 3/17/2010 10:30 AM >>>  
Please see Kara's reply below. If it was referred to Jeff's area, I did not get that information at the time, so the log letter was not re-routed.

>>> On 3/17/2010 at 10:28 AM, KARA LEWIS wrote:  
I think Jeff Saxon's area was handling that?

>>> Margie Hickerson 3/17/2010 9:05 AM >>>  
Do either have any info on a response for log #218? This was back from November 2009, in reference to the audit of 1915-c waiver programs.

Thanks  
Margie

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>11-18-10</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100218</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Ms. Fortney, Dops, CMS file</i> <i>Close 3/17/10, see attached</i> <i>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 St., Suite 4120  
Atlanta, Georgia 30303-8909



November 15, 2010

**RECEIVED**

Emma Forkner, Director  
Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

NOV 18 2010

Dear Ms. Forkner:

I am pleased to inform you the request to amend South Carolina's Community Choices Waiver for Frail Elders and Persons with Physical Disabilities has been approved. This amendment, control number 0405.R01.07, is effective October 1, 2010.

This approval authorizes you to utilize a competitive bidding process to procure incontinence supplies under regulatory exceptions specified at §42 CFR 431.54(d). As required, the State assured adequate services will be available for waiver participants under the special procedures.

Estimates of the cost and utilization of waiver services are not affected by this amendment. The revised pages have been incorporated into the approved waiver. If there are any questions, you may contact Terrie Morris at (404) 562-7414.

Sincerely,

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

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