

AMENDMENT NUMBER ONE
TO THE MEMORANDUM OF AGREEMENT
BETWEEN
SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
AND
LIEUTENANT GOVERNOR'S OFFICE ON AGING

THIS AMENDMENT is entered into as of the first day of May 2014, by and between the South Carolina Department of Health and Human Services, 1801 Main Street, Post Office Box 8206, Columbia, South Carolina, 29202-8206, hereinafter referred to as "SCDHHS" and Lieutenant Governor's Office on Aging, 1301 Main Street, Suite 350, Columbia, South Carolina 29201, hereinafter referred to as "LGOA".

WHEREAS, SCDHHS and the Contractor are mutually desirous of revising and amending the July 1, 2013 Memorandum of Agreement (MOA) to make programmatic and reimbursement changes.

WHEREAS, Section H., **AMENDMENT**, allows for an amendment to this MOA, when mutually agreed upon by SCDHHS and the LGOA.

NOW, THEREFORE, the following revision shall be accomplished and incorporated into the July 1, 2013 MOA, effective May 1, 2014, as if fully set forth therein:

REVISION I

NOW THEREFORE, Section D., **SCOPE OF WORK** as shown in the July 1, 2013 MOA shall be revised and amended to add the following:

"SCDHHS and LGOA will work together to develop and maintain a Long Term Care Bed Registry. The LGOA will:

1. Create and maintain a listing of nursing facilities and Community Residential Care Facilities (CRCF) with contact information.
2. Send a daily e-mail request to each nursing facility to update Medicaid permit day utilization.
3. Send a weekly e-mail request to each CRCF to update bed availability.
4. Update vacant Medicaid, private pay, rehabilitation, and CRCF beds at each facility.

5. Update Medicaid permit days at each nursing facility with Medicaid beds, daily.
6. Train facility staff as needed on how to update the system.
7. Maintain an up-to-date user manual.
8. Provide regional or state wide training/Update/user events in coordination with SCDHHS.
9. This Agreement may be adjusted by mutual consent and shall be reviewed at six (6) month intervals by the SCDHHS and LGOA and may be amended.

During the last months of State Fiscal Year 2014, SCDHHS and LGOA will work together to develop a sustainable, replicable model to improve the quality of Long Term Care Medicaid applications and decrease the number of administrative denials. The LGOA will:

1. Receive and review Long Term Care Medicaid applications documents from SCDHHS to discover reasons for administrative denials/rejections.
2. Create and conduct training (with designated SCDHHS personnel) about Long Term Care Medicaid. The workshops will be targeted to residents, families, legal representatives and facility personnel to help community members and facility personnel assist consumers in the completion of the Medicaid application.
3. Conduct outreach activities in the facilities and local community to educate on the SCDHHS Medicaid process, eligibility criteria, required information, and mandatory supporting documents.
4. Develop (in conjunction with SCDHHS Medicaid Eligibility staff) a step by step checklist at the appropriate literacy level to assist in the completion of the Long Term Care Medicaid application.
5. Continuously evaluate a sample of the applications to determine level of improvement, accuracy of information and measure work flow tempo for application initiation through completion.
6. Establish data feedback link with specified SCDHHS Medicaid Eligibility personnel.

REVISION II

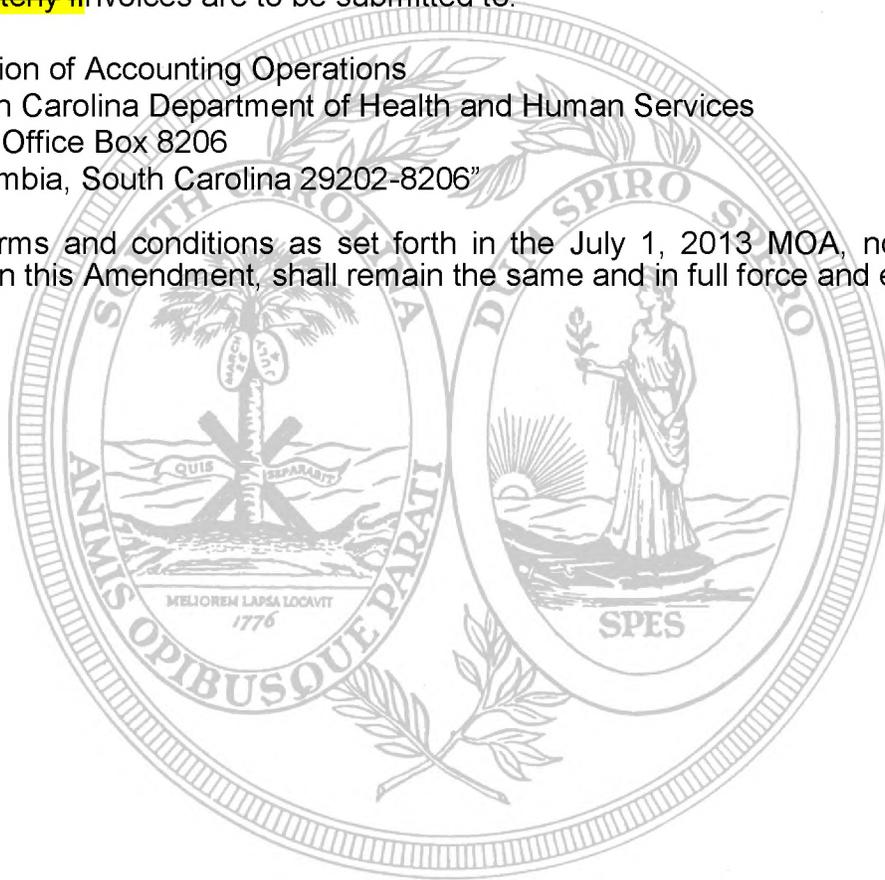
NOW THEREFORE Section E., **BUDGET AND PAYMENT**, as shown in the July 1, 2013 MOA, shall be revised and amended and shall now read as follows:

“SCDHHS agrees to pay LGOA an amount not to exceed ~~Ninety Thousand Dollars (\$90,000)~~ for the ~~development and maintenance of the registry.~~ One Hundred One Thousand, Six Hundred Twenty-Five Dollars (\$101,625) for the deliverables outlined in Section D. The budget for State Fiscal Year 2014 is ~~Fifty-One Forty Thousand, Six Hundred Twenty-Five Dollars (\$40,000)~~ (\$51,625), ~~Twenty-Five Thousand Dollars~~ (\$25,000) for State Fiscal Year 2015 and ~~Twenty-Five Thousand Dollars~~ (\$25,000) for State Fiscal Year 2016.

Quarterly: Invoices are to be submitted to:

Division of Accounting Operations
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206”

All other terms and conditions as set forth in the July 1, 2013 MOA, not specifically addressed in this Amendment, shall remain the same and in full force and effect.



IN WITNESS WHEREOF, SCDHHS and the LGOA by their authorized agents, in consideration of mutual promises, covenants and conditions exchanged between them, have executed this Amendment as of the first day of May 2014.

SOUTH CAROLINA DEPARTMENT OF
HEALTH AND HUMAN SERVICES
"SCDHHS"

LIEUTENANT GOVERNOR'S OFFICE
ON AGING
"LGOA"

BY: _____
Anthony E. Keck
Director

BY: _____
Authorized Signature

Print Name

WITNESSES:

WITNESSES:

