DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/Chavis/Liggett	6-7-13

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000381	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Keck Cleared 6/7/13, letter attached	[~~ ~~] Prepare reply for appropriate signature *extension letter due DATE DUE 6-10-13 [ ] FOIA DATE DUE _____ [ ] Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
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Log Stanford Chavior Ligget c: Keck

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

June 5, 2013

RECEIVED
JUN 07 2013
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Anthony Keck, Director
South Carolina Department of Health and Human Services
1801 Main Street
Columbia, SC 29201

Dear Mr. Keck:

This formal Request for Additional Information (RAI) is in response to the renewal application submitted for the South Carolina Head and Spinal Cord Injury (HASCI) Home and Community Based Services (HCBS) waiver, with control number SC 0284.R04.00. The waiver, which provides services to individuals with traumatic brain injury, spinal cord injury, or both or a similar disability, expires on June 30, 2013. Please provide responses to this RAI and make the necessary revisions in the waiver renewal application so we can make a full assessment of your proposed renewal. Please also update the waiver application with your responses to the informal RAI questions as indicated in the email to the state on May 30, 2013.

Major Changes

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Appendix C-1/C-3

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7. Employment Services: Are individuals receiving these services in places where people without disabilities are employed? What are the settings in which these services are provided?
8. Environmental Modifications: Please indicate the rationale for removing the individual provider option from this service and indicate the impact this will have on open enrollment of providers and the participants' access to services.

Appendix D-1-b; Service Plan Development Safeguards

9. Provide additional detail on the Department of Disabilities and Special Needs' (DDSN) oversight to ensure that the development of the service plan and the frequency and duration of services is protected from influence and that conflict of interest is minimized.

Appendix D-1-c; Service Plan Development

10. Please add information to the waiver application to indicate that person-centered planning cannot be performed without the presence of the individual receiving services. The state's response to the informal RAI implies that the service planning process can occur without the individual and others that they choose being present.

Appendix E-1-d; Election of Participant Direction

11. Please provide CMS a copy of the assessment tool/pre-screen form used to assess participants and their representatives.

Appendix E-1-f; Participant Direction by a Representative

12. Please provide an explanation of DDSN or Medicaid policy that pertains to the election of a representative to direct a participant's care.

Appendix E-1-i; Provision of Financial Management Services (FMS)

13. The waiver application states that the FMS provider will verify the participant's verification of support worker citizenship status. Please indicate how the state provides assistance in verifying the support worker's citizenship status other than verifying their verification.
14. Please clarify the sole source FMS provider by identifying the governmental entity.
15. Please provide CMS with the information provided to justify the sole source procurement as required by SC (11-35-1560).
16. Please specify the method of compensating FMS entities.
17. Please provide the estimated percentage of FMS costs relative to the service costs.

Appendix E-1-j; Information and Supports in Support of Participant Direction; Provision of Information and Assistance Supports as an Administrative Activity

18. In this section, the waiver application should include the entity that provides information and supports as an administrative activity. The text box lists describes again that FMS supports are provided by a sole source contractor. Please remove this information and indicate appropriate entity for this service. If the service is provided as targeted case management (TCM) services, please check the appropriate box.
19. Please specify the method of procuring information and supports.
20. Please indicate the method of compensating entities for furnishing information and assistance supports.
21. Please specify the scope of information and assistance supports provided.

Appendix E-1-k; Independent Advocacy

22. Please indicate if individuals or organizations who provide independent advocacy furnish other direct services.

Appendix E-1-m; Involuntary Termination of Participant Direction

23. Please indicate circumstances other than a blanket statement regarding an individual's cognitive or communicative deficits under which participant direction may be involuntarily terminated.
24. Please specify the protections that are in place to ensure continuity of services and participant health and welfare if an individual is involuntarily removed from participant direction of services.

Appendix F-1; Opportunity to Request a Fair Hearing

25. Please indicate in this section of the application how individuals are informed about the Fair Hearing process during entrance to the waiver, including how, when and by whom this information is provided to individuals to ensure the participant is knowledgeable about their right to a Fair Hearing.

26. Please include in the description where notices of adverse actions and the opportunity to request a Fair Hearing are kept.
27. Please describe assistance offered to participants to request a Fair Hearing.
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Appendix F-3-c; Description of State Grievance/Complaint System

29. Please describe the timelines for addressing a grievance/complaint.
30. Please indicate in the application how the participant is informed that filing a grievance or making a complaint is not a pre-requisite or a substitute for a Fair Hearing.

Appendix G-1-d; Responsibility for Review and Response to Critical Events or Incidents

31. Please include timeframes for conducting and completing an investigation.
32. Please also include the process and timeframes for informing the participant and other relevant parties of the investigation results.

Appendix G-2-a-i; Safeguards Concerning the Use of Restraints or Seclusion

33. For each type of restraint permitted, please include alternative methods used to avoid the use of restraints and seclusion.
34. Indicate the documentation required concerning the use of restraints.

Appendix G-2-a-ii; State Oversight Responsibility

35. Please indicate in this section of the application methods that are used for detecting unauthorized use, over use or inappropriate/ineffective use of restraints or seclusion and ensuring that all applicable state requirements are followed.
36. Please indicate how data are analyzed to identify trends and patterns and support improvement strategies.
37. Please indicate the frequency of the oversight activities.

Appendix G-2-b-i; Safeguards Concerning the Use of Restrictive Interventions

38. Please describe the states methods to detect the unauthorized use of restrictive interventions.
39. Please describe the required documentation when restrictive interventions are used.
40. Please indicate the required education and training of personnel involved in authorization and administration of restrictive interventions.

Appendix G-2-b-ii; State Oversight Responsibility

41. Please indicate the methods for detecting unauthorized use, over use, or inappropriate/ineffective use of restrictive procedures and ensuring that all applicable state requirements are followed.

42. Please indicate the methods for overseeing the operation of the incident management system including how data are collected, compiled and used to prevent reoccurrence.
43. Please indicate the frequency of oversight activities.

Appendix G-3-b-i; Medication Management and Follow-up; Responsibility

44. Please describe the scope of medication monitoring. For example, is monitoring designed to focus on certain types of medications or medication usage patterns?
45. Please indicate the frequency of monitoring.
46. The waiver application should describe how monitoring has been designed to detect potentially harmful practices and follow-up to address such practices.
47. Indicate how second-line monitoring is conducted concerning the use of behavior modifying medications.

Appendix G-3-b-ii; State Oversight and Follow-up

48. Does the state monitor the medication error reports completed by the providers? If so, how frequently?
49. How does the state's monitoring program gather information regarding potentially harmful practices and employ information gathered to improve quality?

Appendix G-3-c-ii; Medication Management and Reporting; State Policy

50. When medication is administered by non-medical providers, is oversight of these personnel required by licensed medical professionals?

Appendix G-3-c-iv; State Oversight Responsibility

51. The state indicates that the provider is required to make medication reporting information available to DDSN for review at any time. How frequently does the state review this information?
52. What are the monitoring methods that the state uses to identity problems in provider performance and support follow-up remediation actions and quality improvement activities?
53. How are data acquired to identify trends and support improvement strategies?

Appendix H-1-b; Systems Improvement

54. The Quality Improvement Strategy (QIS) should describe the processes that are employed to review findings, establish priorities, develop strategies and assess effectiveness of system improvements.
55. Please indicate the types of quality improvement reports that are compiled along with the frequency of the reports.
56. How are results communicated, and with what frequency, to agencies, waiver providers, participants, families and other interested parties and the public?

57. Include a description of the process and frequency for evaluating and updating the QIS (i.e., once during the waiver period and prior to renewal).

Appendix I-QIS; Financial Accountability Discovery and Remediation

58. Please provide comprehensive details on the sampling methodology used to review the performance measure for Appendix I. What evidence warrants a special review? How is it determined that claims are being paid in accordance with the approved waiver if no special review is triggered?

Appendix I-2-a; Rate Determination Methods

59. Please describe how information about payment rates is made available to waiver participants.

Appendix I-2-c; Certifying Public Expenditures

60. Please clarify the reference made by the state to 42 CFR 201.5.

Appendix I-3-b; Direct Payment

61. Please include in the application how a provider is informed of the process for billing Medicaid directly.

Appendix I-3-g-ii; Organized Health Care Delivery System (OHCDS)

62. Please indicate whether providers are required to contract with an OHCDS in order to furnish services to waiver participants.

Appendix J-2-c-ii; Factor D' Derivation

63. Please describe how the state has accounted for and removed the costs of prescription drugs furnished to Medicare/Medicaid dual eligible participants through Medicare Part D from the estimate for Factor D'.

CMS is available to discuss these issues with the state and to offer technical assistance as requested.

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 June 26, 2013. 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.

Because this waiver expires on June 30, 2013, it is necessary for the state to request a Temporary Extension (TE) of up to 90 days. This request should be submitted to CMS by June 12th, for the current waiver to operate while we continue the review process. The request should be submitted to:

Barbara Edwards, Director
Disabled and Elderly Health Programs Group
DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850

As part of that TE request, please outline the state's progress in bringing the waiver into compliance and provide an update on the state's progress in responding to the informal RAI questions, and any additional steps that will be taken during the TE period.

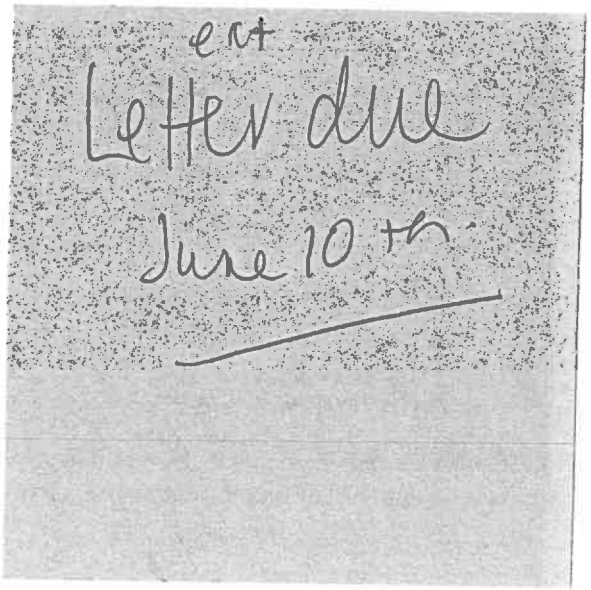
If you have any questions, please contact Alice Hogan at 404-562-7432.

Sincerely,

Irina Roberts for

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

cc: Michele MacKenzie, CMS Central Office



George/Anita
2

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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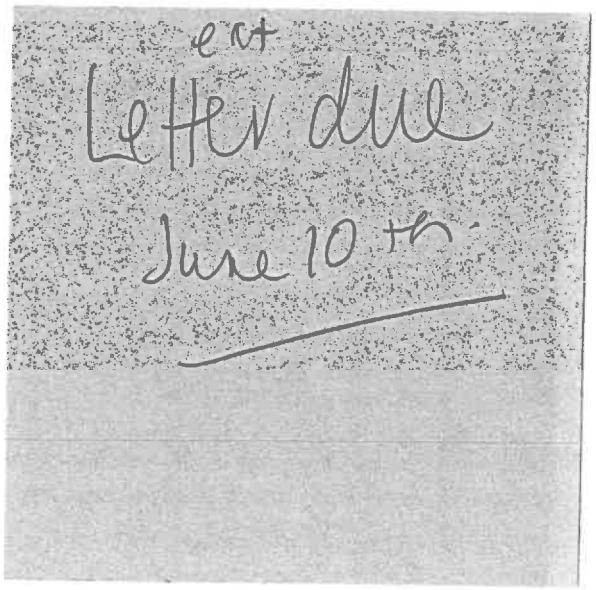
Sincerely,

Irina Roberts for

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

cc: Michele MacKenzie, CMS Central Office



South Carolina Department of
Health & Human Services

Anthony E. Keck, Director
Nikki R. Haley, Governor

June 7, 2013

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

RE: Request Temporary Extension
SC HCBS Waiver # 0284.R04.00

Dear Ms. Edwards:

The State of South Carolina is requesting a 90 day temporary extension of our 1915(c) Home and Community-Based Head and Spinal Cord Injury (HASCI) Waiver. This waiver is scheduled to expire on June 30, 2013; therefore, it is necessary for the State to request an extension for the following reasons: change in services; improvement in the overall waiver application; and additional time needed to address sixty-three (63) CMS RAI questions for clarification.

Thank you for your consideration of this request. If you have any questions, please contact Anita Atwood at (803) 898-4641 for further assistance.

Sincerely,

Peter Liggett, Ph.D.
Deputy Director

PL/ma

cc: Michele MacKenzie, CMS Central Office

Office of Community Long Term Care and Behavioral Health
P.O. Box 8206 • Columbia, South Carolina 29202-8206
(803) 898-0178 • Fax (803) 255-8235