

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

EA

ACTION REFERRAL

| | |
|----------------------|-------------------------|
| TO <i>Liggett</i> | DATE <i>10-16-14</i> |
|----------------------|-------------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|--|---|
| 1. LOG NUMBER <i>000087</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>CC: Supia, Lynch cleared 11/5/14, see attached e-mail response.</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-28-14</i> <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. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Jan Polatty

From: John Supra
Sent: Thursday, October 16, 2014 11:48 AM
To: Jan Polatty
Cc: Jenny Lynch
Subject: Re: NASUAD State of the States

*Pls Log to Path
C: Supra
Jenny.*

Follow Up Flag: Follow up
Flag Status: Flagged

i would say probably just to keep track of it.

john

On Oct 16, 2014, at 11:45 AM, Jan Polatty <POLATTYJ@scdhhs.gov> wrote:

Should this be logged or no?

Jan Polatty

Executive Assistant

POLATTYJ@scdhhs.gov

803.898.2504

cell: 803-351-6126

1801 Main Street

Columbia, SC - 29201

www.scdhhs.gov



SOUTH CAROLINA
Healthy Connections 
MEDICAID

Healthy Connections and the Healthy Connections logo are trademarks of South Carolina Department of Health and Human Services and may be used only with permission from the Agency.

From: John Supra
Sent: Wednesday, October 15, 2014 5:35 PM
To: Jenny Lynch
Cc: Bryan Kost; Anthony Keck; Jan Polatty
Subject: Fwd: NASUAD State of the States

Jenny,

Tony and I received this today and it appears to be on long term care and supports and expect Pete's area will need to provide most of the answers/responses.

john

Begin forwarded message:

From: Damon Terzaghi <DTerzaghi@nasuad.org>
Subject: NASUAD State of the States
Date: October 15, 2014 at 4:32:46 PM EDT
To: "keck@scdhhs.gov" <keck@scdhhs.gov>, "Supra@scdhhs.gov" <Supra@scdhhs.gov>

Hi Tony & John –

It's been a while since we've spoken – I believe the last time we connected, I was still at Marwood and we were discussing some of your experiences with Medicaid enrollment in a non-expansion environment, the Duals demo, and a few other initiatives. Since then, I've joined NASUAD – an association of state government entities focusing on aging and disability services. I hope we have a chance to work together more closely now that I'm back in the state public-policy world, and that you both are doing well!

I'm writing to you about the NASUAD State of the States survey. When we did our survey, we were unable to get some of the information from several states, including yours. I'm hoping to complete the dataset for our next round, and was wondering if you'd be able to assist me. Particularly – I'm hoping to get information on the types of services covered in HCBS programs for populations such as older adults, people with physical disabilities, people with developmental/intellectual disabilities, or other types of LTSS participants.

The survey is available at: <http://nasuad.org/node/65688>

If you look at the tables in the end, I'm particularly interested in information for table 9, beginning on numbered page 48 (p. 56 of the PDF document). I'm also interested in Table 10, beginning on p.54 (62 of the pdf), as well as Table 13 on p.68 (76 of the pdf).

Please let me know if you think this is something you can help with and/or if there's someone in your agency that would be able to assist. I'm happy to answer any follow-up questions or have a phone call if needed.

Thanks so much!
Damon

Damon Terzaghi
Senior Director
NASUAD
1201 15th Street, NW
Suite 350
Washington, DC 20005
www.nasuad.org

Phone: 202-898-2578

Fax: 202-898-2578

E-mail: dterzaghi@nasuad.org

<image001.png><image002.png><image003.png>

* Log 87#
Close ✓

Annie McCanne

From: Gabriele Jefferson
Sent: Wednesday, November 05, 2014 3:06 PM
To: dterzaghi@nasuad.org
Cc: Annie McCanne
Subject: NASUAD State of the States survey
Attachments: SKMBT_36314110514510.pdf

Dear Director Terzaghi,
Please see attached the requested information for the NASUAD State of the States survey. We hope the information is helpful.

Thank you!

-----Original Message-----

From: copier@scdhhs.gov [mailto:copier@scdhhs.gov]
Sent: Wednesday, November 05, 2014 2:52 PM
To: Gabriele Jefferson
Subject: Scan from Bizhub.

Scan from copier. See attached file. Do not reply. Have a nice day.

Table 10: Operating Agency Responsible for Medicaid LTSS Programs (Continued)

| | Adult Foster Care Clients | Individuals with Dementia/Alzheimer's Disease | Assisted Living Clients | Individuals with Autism | Individuals with Intellectual/Developmental Disabilities | Older Adults | Older Adults and Adults with Physical Disabilities | Adults with Physical Disabilities | Individuals with Severe Emotional Disturbance | Individuals with Traumatic Brain Injury |
|------------------|--------------------------------|---|--------------------------------|--------------------------------|--|---|--|---|---|---|
| Missouri | | Aging and/or Disability Agency | Aging and/or Disability Agency | I/DD Agency | I/DD Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | Other (State Mental Health Agency) | |
| Montana | | | | | | | | | | |
| Nebraska | | | | | | | | | | |
| Nevada | | | Aging and/or Disability Agency | | Aging and/or Disability Agency | Aging and/or Disability Agency | | Medicaid Agency | | |
| New Hampshire | Aging and/or Disability Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | Not Applicable | I/DD Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | Not Applicable | I/DD Agency |
| New Jersey | Medicaid Agency | Aging and/or Disability Agency; Medicaid Agency | Medicaid Agency | I/DD Agency | I/DD Agency | Aging and/or Disability Agency; Medicaid Agency | Aging and/or Disability Agency; Medicaid Agency | Aging and/or Disability Agency; Medicaid Agency | Medicaid Agency; Other (Mental Health Agency) | Aging and/or Disability Agency; Medicaid Agency |
| New Mexico | | Medicaid Agency | Medicaid Agency | Medicaid Agency | Medicaid Agency | Medicaid Agency | Medicaid Agency | Medicaid Agency | Medicaid Agency | Medicaid Agency |
| New York | | | | | | | | | | |
| North Carolina | Not Applicable | Not Applicable | Not Applicable | Not Applicable | I/DD Agency | Not Applicable | Medicaid Agency | Not Applicable | I/DD Agency | Not Applicable |
| North Dakota | Medicaid Agency | Medicaid Agency | Medicaid Agency | I/DD Agency | I/DD Agency | Medicaid Agency | Medicaid Agency | Medicaid Agency | | Medicaid Agency |
| Ohio | Other | Aging and/or Disability Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | I/DD Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | Other | Other |
| Oklahoma | Not Applicable | Not Applicable | Aging and/or Disability Agency | Not Applicable | Aging and/or Disability Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | Not Applicable | Not Applicable |
| Oregon | Aging and/or Disability Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | I/DD Agency | I/DD Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | Medicaid Agency | Aging and/or Disability Agency |
| Pennsylvania | | | | | | | | | | |
| Rhode Island | Medicaid Agency | | Medicaid Agency | | | | | | | |
| → South Carolina | N/A | N/A | Medicaid Agency | I/DD Agency | I/DD Agency | Medicaid Agency | Medicaid Agency | Medicaid Agency | N/A | I/DD Agency |
| South Dakota | Not Applicable | Not Applicable | Aging and/or Disability Agency | Not Applicable | Other | Aging and/or Disability Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | Not Applicable | Other |
| Tennessee | | | | | I/DD Agency | | Medicaid Agency | | | |
| Texas | Not Applicable | Not Applicable | Not Applicable | Not Applicable | Not Applicable | Not Applicable | Not Applicable | Not Applicable | Not Applicable | Not Applicable |
| Utah | | | | | | Aging and/or Disability Agency | | | | |
| Vermont | Aging and/or Disability Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | Other (Mental Health Agency) | Aging and/or Disability Agency |
| Virginia | | | | | I/DD Agency | | Medicaid Agency | Medicaid Agency | | |
| Washington | Aging and/or Disability Agency | Not Applicable | Aging and/or Disability Agency | Not Applicable | I/DD Agency | Not Applicable | Aging and/or Disability Agency | Not Applicable | I/DD Agency | Not Applicable |
| West Virginia | | | | | | | | | | |
| Wisconsin | | | | | | | | | | |
| Wyoming | | | Medicaid Agency | | Aging and/or Disability Agency | Medicaid Agency | Aging and/or Disability Agency | Aging and/or Disability Agency | | Aging and/or Disability Agency |

Table 13: Primary LTSS Medicaid Funding Authority by Target Population (Continued)

| | Adult Foster Care Clients | Individuals with Dementia/Alzheimer's Disease | Assisted Living Clients | Individuals with Autism | Individuals with Intellectual/Developmental Disabilities | Older Adults | Older Adults and Adults with Physical Disabilities | Adults with Physical Disabilities | Individuals with Severe Emotional Disturbance | Individuals with Traumatic Brain Injury |
|------------------|--|--|--|--|--|--|--|--|--|--|
| Massachusetts | Medicaid State Plan Personal Care Services | 1915 (c) | Medicaid State Plan Personal Care Services | 1915 (c) | 1915 (c) | 1915 (c) | 1915 (c) | 1915 (c) | | 1915 (c) |
| Michigan | \$1915 (c) | \$1915 (c) | N/A | \$1915 (f) | \$1915 (c) | \$1915 (c) | \$1915 (c) | \$1915 (c) | \$1915 (c) | \$1915 (c) |
| Minnesota | 1915 (c) | MLTSS (regardless of authority) | 1915 (c) | N/A | 1915 (c) | MLTSS (regardless of authority) | 1915 (c) | 1915 (c) | N/A | 1915 (c) |
| Mississippi | | | | | | | | | | |
| Missouri | | 1915 (c) | Medicaid State Plan Personal Care Services | 1915 (c) | 1915 (c) | 1915 (c) | 1915 (c) | 1915 (c) | | |
| Montana | | | | | | | | | | |
| Nebraska | | | | | | | | | | |
| Nevada | | | 1915 (c) | | 1915 (c) | 1915 (c) | | 1915 (c) | | |
| New Hampshire | 1915 (c) | 1915 (c) | 1915 (c) | N/A | 1915 (c) | 1915 (c) | 1915 (c) | 1915 (c) | N/A | 1915 (c) |
| New Jersey | 1915 (c) | 1915 (c) | 1915 (c) | 1915 (c) | 1915 (c) | 1915 (c) | 1915 (c) | 1915 (c) | 1915 (c) | 1915 (c) |
| New Mexico | N/A | \$1115 Demonstration Program for LTSS other than MLTSS | \$1115 Demonstration Program for LTSS other than MLTSS | 1915 (c) | 1915 (c) | \$1115 Demonstration Program for LTSS other than MLTSS | \$1115 Demonstration Program for LTSS other than MLTSS | \$1115 Demonstration Program for LTSS other than MLTSS | \$1115 Demonstration Program for LTSS other than MLTSS | \$1115 Demonstration Program for LTSS other than MLTSS |
| New York | | | | | | | | | | |
| North Carolina | N/A | | N/A | N/A | 1915 (c) | N/A | 1915 (c) | N/A | 1915 (c) | N/A |
| North Dakota | 1915 (c) | 1915 (c) | Medicaid State Plan Personal Care Services | 1915 (c) | 1915 (c) | 1915 (c) | 1915 (c) | 1915 (c) | N/A | 1915 (c) |
| Ohio | N/A | 1915 (c) | 1915 (c) | N/A | 1915 (c) | 1915 (c) | 1915 (c) | 1915 (c) | N/A | 1915 (c) |
| Oklahoma | N/A | N/A | 1915 (c) | N/A | 1915 (c) | 1915 (c) | 1915 (c) | 1915 (c) | N/A | N/A |
| Oregon | State Plan \$1915 (k) | State Plan \$1915 (k) | State Plan \$1915 (k) | State Plan \$1915 (k) | State Plan \$1915 (k) | State Plan \$1915 (k) | State Plan \$1915 (k) | State Plan \$1915 (k) | State Plan \$1915 (i) | State Plan \$1915 (k) |
| Pennsylvania | | | | \$1115 Demonstration Program for LTSS other than MLTSS | 1915 (c) | 1915 (c) | | 1915 (c) | | 1915 (c) |
| Rhode Island | \$1115 Demonstration Program for LTSS other than MLTSS | | \$1115 Demonstration Program for LTSS other than MLTSS | | | | | | | |
| → South Carolina | N/A | N/A | N/A | 1915 (c) | 1915 (c) | 1915 (c) | 1915 (c) | 1915 (c) | N/A | 1915 (c) |
| South Dakota | N/A | N/A | 1915 (c) | N/A | 1915 (c) | 1915 (c) | 1915 (c) | 1915 (c) | N/A | N/A |
| Tennessee | | | | | 1915 (c) | | MLTSS (regardless of authority) | | | |
| Texas | 1915 (c) | N/A | 1915 (c) | N/A | N/A | 1915 (c) | 1915 (c) | 1915 (c) | N/A | N/A |
| Utah | | | | | | 1915 (c) | | | | |

| Personal Emergency Response Systems | Physical Therapy | Recreation Therapy | Residential Habilitation | Respite | Specialized Equipment and Supplies | Speech Therapy | Supported Employment | Supported Living | Transportation | Extended State Plan Waiver Benefit: Personal Care | Extended State Plan Waiver Benefit: Nursing | Extended State Plan Waiver Benefit: Home Health | Extended State Plan Waiver Benefit: Other | Comments |
|-------------------------------------|------------------|--------------------|--------------------------|--------------|------------------------------------|----------------|----------------------|------------------|----------------|---|---|---|---|---|
| OA/PD/ID | OA/PD/ID | OA/PD/ID | NA | OA/PD/ID | OA/PD/ID | OA/PD/ID | NA | NA | OA/PD/ID | NA | NA | NA | NA | |
| OA/PD/ID/TBI | ID | NA | ID | OA/PD/ID/TBI | OA/PD/ID/TBI | ID | ID | OA/PD/ID/TBI | OA/PD/ID/TBI | NA | NA | NA | | |
| OA/PD/ID/TBI | OA/PD/ID/TBI | ID | ID/TBI | OA/PD/ID/TBI | OA/PD/ID/TBI | PD/ID/TBI | NA | OA/PD/ID/TBI | OA/PD/ID/TBI | OA/PD/ID/TBI | OA/PD/ID/TBI | OA/PD/ID/TBI | | |
| OA | | | | OA | OA/PD/ID/TBI | | ID | OA | | | | | | |
| OA/PD/ID/TBI | TBI | N/A | ID/TBI | OA/PD/ID/TBI | OA/PD/ID/TBI | TBI | ID/TBI | N/A | N/A | OA/PD/ID/TBI | ID/TBI | N/A | N/A | |
| OA/PD/ID | NA | NA | ID | OA/PD/ID | OA/PD/ID | NA | ID | NA | OA/PD/ID | OA/PD | NA | NA | NA | |
| ID | ID | NA | ID | ID | ID | ID | ID | ID | NA | ID | NA | ID | | Medicaid HCBS waivers exist in TN ONLY for the ID population. OA and adults with physical disabilities are served through MITSS. Adult foster care is called Family Model Residential in these waivers. Additional services are covered in these waivers that are not listed above. |
| OA/PD | OA/PD | | | OA/PD | OA/PD | OA/PD | | | | | | | | |
| OA | NA | NA | NA | NA | OA | NA | NA | NA | OA | NA | NA | NA | | |
| OA/PD | NA | NA | ID/TBI | OA/PD/ID/TBI | NA | NA | ID/TBI | | OA/PD/ID/TBI | NA | NA | NA | NA | |
| PD | NA | NA | NA | PD | PD | NA | NA | NA | NA | NA | NA | NA | NA | |
| OA/PD | ID | NA | ID | ID | OA/PD/ID | ID | ID | ID | OA/PD/ID | NA | NA | NA | ID | DD/ID has Extended State Plan waiver benefit for therapies. |
| See Comments | ID | NA | ID | ID | See Comments | ID | ID | NA | OA/PD/ID/TBI | OA/PD/ID/TBI | ID | OA/PD/ID/TBI | ID (PT, OT, ST) | Members in 3 waivers who are self-directing and have budget authority may use Participant-Directed Goods and Services to purchase nutritional supplements, Personal assistance response systems and specialized equipment and supplies. |
| | | | | | | | | | | | | | | |
| OA | | | | OA | | | | | | | | | | |

OA = Older Adults • PD = Individuals with Physical Disabilities • ID = Individuals with Intellectual & Developmental Disabilities • TBI = Individuals with Traumatic Brain Injury • NA = Not Applicable

Table 9: National Association of States United for Aging and Disabilities (NASUAD) Survey of State Services for Older Adults with Disabilities

| | Adult Day Health | Adult Day Social | Adult Foster Care | Assisted Living | Assisted Technology | Behavioral Supports | Care Management | Community Transition Support | Day Habilitation | Home-Delivered Meals | Homemaker | Nutritional Supplements | Occupational Therapy | Personal Assistance Services |
|------------------|------------------|------------------|-------------------|------------------|---------------------|---------------------|------------------|------------------------------|----------------------|----------------------|----------------------|-------------------------|----------------------|------------------------------|
| Oklahoma | ID | OA/PD/ ID | NA | OA/PD/ ID | OA/PD/ ID | OA/PD/ ID | OA/PD/ ID | ID | OA/ PD/ID | OA/ PD/ID | OA/ PD/ID | OA/PD/ID | OA/ PD/ID | OA/PD/ID |
| Oregon | OA/PD/ID/ TBI | OA/PD/ ID/TBI | OA/PD/ ID/TBI | OA/PD/ ID/TBI | OA/PD/ ID/TBI | OA/PD/ ID/TBI | OA/PD/ ID/TBI | OA/PD/ ID/TBI | OA/ PD/ID/ TBI | OA/ PD/ID/ TBI | OA/ PD/ID/ TBI | ID | ID | OA/PD/ID/ TBI |
| Pennsylvania | OA/PD/ID/ TBI | OA | NA | NA | OA/PD/ ID/TBI | ID/TBI | OA/PD/ ID/TBI | OA/PD/ ID/TBI | PD/ID/ TBI | OA | NA | NA | OA/ PD/ID/ TBI | OA/PD/ID/ TBI |
| Rhode Island | OA/PD/ID/ TBI | OA | | OA/PD/ ID/TBI | OA/PD/ ID/TBI | | OA | OA/PD/ ID/TBI | PD/TBI | OA | OA | | | OA/PD/ID/ TBI |
| → South Carolina | OA/PD/ ID/TBI | N/A | N/A | OA/ PD | ID/TBI | ID/ TBI | OA/PD/ ID/TBI | N/A | ID/ TBI | OA/ PD | OA/PD/ ID/TBI | OA/PD | TBI | OA/PD/ ID/TBI |
| South Dakota | NA | OA/PD | NA | OA/PD | OA/PD/ ID | NA | OA/PD/ ID | NA | ID/NA | OA/PD | OA/ PD/ID | OA/PD/ID | NA | ID |
| Tennessee | NA | NA | ID | NA | NA | ID | ID | NA | ID | NA | NA | NA | ID | ID |
| Texas | OA/PD | | OA/PD | OA/PD | | | PD | OA/PD | | OA/PD | OA/PD | OA/PD | OA/PD | OA/PD |
| Utah | NA | NA | NA | NA | OA | NA | OA | NA | NA | OA | OA | OA | NA | OA |
| Vermont | OA/PD/ID | NA | OA/PD/ ID/TBI | OA/PD | OA/PD/ ID/TBI | OA/PD/ ID/TBI | OA/PD/ ID/TBI | OA/PD/ ID/TBI | ID | NA | OA/PD | NA | NA | OA/PD/ID/ TBI |
| Virginia | PD | NA | PD | NA | PD | PD | PD | NA | NA | NA | NA | NA | NA | PD |
| Washington | OA/PD | OA/PD | OA/PD/ ID | OA/PD | OA/PD/ ID | OA/PD/ ID | OA/PD/ ID | OA/PD/ ID | ID | OA/PD | NA | NA | ID | OA/PD/ID |
| West Virginia | NA | NA | NA | NA | OA/PD/ ID/TBI | ID | OA/PD/ ID/TBI | OA/PD/ TBI | ID | NA | OA/ PD/ TBI | See Comments | ID | OA/PD/TBI |
| Wisconsin | | | | | | | | | | | | | | |
| Wyoming | | OA | | OA | | | OA | | | OA | | | | OA |

OA = Older Adults • PD = Individuals with Physical Disabilities • ID = Individuals with Intellectual & Developmental Disabilities • TBI = Individuals with Traumatic Brain Injury • NA = Not Applicable