

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>4-2-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000507</i>		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Fortney, Daps, Jacobs</i> <i>Cleared 4/22/08, letter</i> <i>attached.</i>		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-21-08</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.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909



RECEIVED

March 27, 2008

APR 02 2008

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Informal Request for Additional Information

Dear Ms. Forkner:

This is in response to your request to amend South Carolina's Home and Community Based Waiver for Persons with Mental Retardation and Related Disabilities. This request has been assigned control number SC 0237.R03.04. This number should be used in all correspondence pertaining to the amendment. We are requesting that you respond to this **informal** request for additional information. Please provide clarification necessary to respond to the following concerns:

C-1/C-3 Service Specification: Adult Day Health Care Transportation;

Please specify;


- A.) What the service is (other than in the title of the service).
- B.) What the service entails (i.e. transport to and from adult day care facilities, office appointments etc.).
- C.) Minimum provider requirements (age 18+, drivers license, etc.)

C-1/C-3 Service Specification: Adult Day Health Care;

The state's definition includes the sentences "Day Cares are required...miles from the day care center." This is not specific to the service Adult Day Health Care and may be removed.

Please respond to this request no later than April 28, 2008, so that a second review can be completed timely. If you need assistance, please do not hesitate to contact me at (404) 562-7159.

Sincerely,


Kimberly Adkins-McCoy
Health Insurance Specialist
Medicaid & SCHIP Policy Branch



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

April 22, 2008

Ms. Kimberly Adkins-McCoy
Medicaid & SCHIP Policy Branch
Center for Medicare and Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, GA 30303-8909

RE: Informal Request for Additional Information

Dear Ms. McCoy:

The State of South Carolina recently received your informal request regarding a minor amendment to our Home and Community-Based Waiver for Persons with Mental Retardation and Related Disabilities (MR/RD). Your letter indicates control number SC 0237.R03.04 was assigned to this request. You specifically requested clarification regarding the following concerns:

C-1/C-3 Service Specification: Adult Day Health Care Transportation;

Please specify;

A.) What the service is (other than in the title of the service).

B.) What the service entails (i.e. transport to and from adult day care facilities, office appointments etc.).

C.) Minimum provider requirements (age 18+, driver's license, etc.)

C-1/C-3 Service Specification: Adult Day Health Care;

The state's definition includes the sentences "Day Cares are required miles from the day care center." This is not specific to the service Adult Day Health Care and may be removed.

Based on your conversation with my staff member, Kara Lewis, in the Division of Community Long Term Care on April 16, 2008, it was concluded the Adult Day Health Care Transportation definition as submitted on amendment page 15 is acceptable. This new transportation service, previously included as a component of the Adult Day Health Care service (ADHC), is now separate from ADHC, and will allow discreet reimbursement. Clients residing 15 miles from the ADHC can be authorized to receive the waiver service based on need. The ADHC Transportation service is only intended to provide transportation to and from the client's place of residence/temporary other location and the ADHC. It will not provide transportation to doctor's visits, etc.

Log # 507

Ms. Kimberly Adkins-McCoy

April 22, 2008

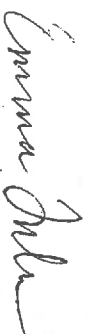
Page 2

Regarding the minimum provider requirements: The ADHC Transportation Scope of service requires that providers of transportation must be drivers employed by the ADHC who have a valid driver's license and are certified in first aid.

Per the second CMS concern regarding Adult Day Health Care, as was discussed between Ms. Lewis and Ms. Adkins-McCoy, the Mental Retardation/Related Disabilities waiver did not submit a request to amend the ADHC service. Therefore, the State has made no clarification to this service.

We appreciate the opportunity to offer this information and hope it is helpful. If you need additional assistance, please contact Kara Lewis of my staff at 803-898-2590. We look forward to hearing from you regarding approval of this technical amendment.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/wmld