

Medical Care Advisory Committee (MCAC)
August 10, 2021
SCDHHS, 1801 Main Street, Columbia, South Carolina 29201
10 a.m.-12 p.m.

- I. Welcome by Director
Robby Kerr, Director
Public Health Emergency Planning
Robby Kerr, Director & Nicole Mitchell Threatt, Deputy Director
Advisement: Vaccines for Children (VFC) Program Coding Update
Elizabeth Biddle & Lynn Martin, Program Managers
Advisement: Intellectually Disabled/Related Disabilities (ID/RD) Waiver Renewal
Margaret Alewine, Program Manager
Advisement: Medically Complex Children (MCC) Waiver Renewal
Margaret Alewine, Program Manager
Home and Community-Based Services (HCBS) Settings Rule – South Carolina
Statewide Transition Plan Update
Kelly Eifert, Program Manager
Budget Update
Quincy Swygert, Budget Director
- II. Public Comment
- III. Closing Comments
- IV. Adjournment



Medical Care Advisory Committee
May 11, 2021, Meeting Minutes

Present

Graham Adams
Sue Berkowitz
Maggie Cash
Dr. Amy Crockett
Dr. Tom Gailey
Amy Holbert
Tysha Holmes
Bill Lindsey
Michael Leach
Dr. Kashyap Patel
Loren Rials
Tricia Richardson
Amanda Whittle
Lathran Woodard

Not Present

John Barber
William Bilton
Chief Bill Harris
J.T. McLawhorn
Melanie Matney
Dr. Jennifer Root
Dr. Keith Shealy

Introduction

Director Robby Kerr introduced himself as the South Carolina Department of Health and Human Services' (SCDHHS) new agency director. Director Kerr welcomed and thanked MCAC members for their service and thanked members of the public for joining the virtual meeting. He shared that meeting materials were distributed last Friday, May 7, 2021 and instructed SCDHHS staff members to move forward and begin the advisement portion of the agenda.

Advisements

Advisement: Supplemental Teaching Physician (STP) Payment Program

An overview of the advisement was provided by Jeff Saxon.

No questions were asked.

Advisement: Nursing Facility COVID-19 Lost Medicaid Revenue Payment Adjustments

An overview of the advisement was provided by Jeff Saxon.

The following question(s) were asked:

1. Will this incentivize them to not increase their census? Referrals are made on behalf of adult protective services clients and they do not accept.

- a. SCDHHS responded that it does not believe this will happen as it expects the payments to drop and expects occupancy to increase. The agency stated it is monitoring the situation and will look at the data to see if the percentage benchmark needs to be adjusted later.

Advisement: Intellectually Disabled/Related Disabilities (ID/RD) Waiver Renewal

An overview of the advisement was provided by Janelle Smith.

The following question(s) were asked:

1. Has Able SC and Disability Rights SC signed off on this?
 - a. SCDHHS responded that it will be issuing a public notice to open a public comment period which will give the opportunity to provide input. The agency added that stakeholder outreach will occur to coincide with the public comment period.

Advisement: Medically Complex Children Waiver Renewal

An overview of the advisement was provided by Janelle Smith.

The following question(s) were asked:

1. What is being done to increase the available nursing help? We have had complaints that there are little to no providers available.
 - a. SCDHHS responded that there were two rate increases that were put into effect in 2020 to support increasing nursing capacity. Currently, all participants also have provider choice.
2. What was the increase?
 - a. SCDHHS responded there was a total of a 15% increase. A 10% increase in January 2020 and a 5% increase in July 2020.
3. Can you give the dollar amount?
 - a. SCDHHS responded that it will follow up on the exact dollar amount and provide that information to the committee.
4. Rather than percent increase, what is the rate?
 - a. SCDHHS responded that it will provide the information to the committee.
5. Are respite services not utilized?
 - a. SCDHHS responded that there was no utilization for respite services. It added that a combination of nursing and children's personal care tend to be the services that are utilized as children with significant needs require more hands-on care.
6. Are the nursing care management services still being done via telehealth?
 - a. SCDHHS responded that yes, nursing care management services are still being conducted via telehealth. RN care coordination is provided under the waiver and is being done remotely. The agency added it knows providers are ready to get back into participants' homes and the agency is developing next steps as the public health emergency continues.
7. What is the waiting period for approval of the waiver?
 - a. SCDHHS responded that there is not currently a waiting list but that it generally takes 90-180 days for CMS to approve the waiver and that CMS requires a minimum of 90 days.

Advisement: Dental Services

An overview of the advisement was provided by Janelle Smith.

The following question(s) were asked:

1. When can we expect wrap payments for FQHCs?
 - a. SCDHHS responded that wrap payments for FQHCs can be expected by the end of May 2021.
2. Is preventative dental care for adults in the State Plan?
 - a. SCDHHS responded yes, preventative dental care for adults is already included in the State Plan.
3. Will you provide the definition?
 - a. SCDHHS responded it will provide a definition to the members.

Advisement: Program for All-Inclusive Care for the Elderly (PACE)

An overview of the advisement was provided by Janelle Smith.

No questions were asked.

SCDHHS Updates**Finance**

Quincy Swygert presented the Quarter 3 Budget Update

The following question(s) were asked:

1. Why is EPSDT down so much?
 - a. SCDHHS responded that EPSDT is down because of the COVID-19 pandemic. The agency stated it has not seen utilization rebound yet, but it is continuing to monitor it.
2. Where is Family Planning line item?
 - a. SCDHHS responded that it does not get an appropriation or expenditure line directly for these services and that the data is included in the physician line or pharmacy line. The agency also added that information regarding this question was sent out to members of the committee after the last meeting and that it will provide that information again.
3. Can you provide an update on Meaningful Use audits/repayment by providers?
 - a. SCDHHS responded that we will provide that information to the committee.

Public Comment

No questions were asked.

Closing

Director Kerr closed the call by thanking members for welcoming him back and stating he hopes future meetings will be face-to-face soon. He urged committee members to get vaccinated for COVID-19, stay healthy and reminded them that the next meeting is scheduled for August 10, 2021.

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advise ment**

PREPARED BY: Elizabeth Biddle and Lynn Martin, Program Managers

PRESENTED BY: Elizabeth Biddle and Lynn Martin, Program Managers

DATE: Aug. 10, 2021

SUBJECT: Vaccines for Children (VFC) Program Coding Update

OBJECTIVE: To align current policy and procedures with VFC guidelines

BACKGROUND: Per Centers for Medicare and Medicaid Services (CMS) clarification, the VFC program does not allow the use of an add-on code, such as current procedural terminology (CPT) code 90461, for component-based vaccine administration and counseling. Based on direction from CMS, the South Carolina Department of Health and Human Services (SCDHHS) has reviewed and will amend a VFC policy it implemented in October 2020. Through this policy change, any mention of the add-on code in the State Plan will be removed and the appropriate fee schedule will be correctly referenced.

BUDGETARY IMPACT: SCDHHS anticipates an expected lifetime savings of \$171.12 for vaccine administration per child from age 0-18.

EXPECTED OUTCOMES: SCDHHS does not expect this policy change to have a meaningful impact on vaccine administration rates for children.

EXTERNAL GROUPS AFFECTED: VFC-enrolled Medicaid members, private providers, the South Carolina Department of Health and Environmental Control.

RECOMMENDATION: The agency recommends the removal of the add-on code for component-based vaccine administration and counseling in the Medicaid State Plan and changing the date to reflect the current fee schedule. SCDHHS will engage in targeted communication with affected provider groups about this change.

EFFECTIVE DATE: On or after Sept. 1, 2021

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advisement**

PREPARED BY: Margaret Alewine, Program Manager, Community Options

PRESENTED BY: Margaret Alewine, Program Manager, Community Options

DATE: Aug. 10, 2021

SUBJECT: Proposed changes to the Intellectually Disabled and Related Disabilities (ID/RD) 1915(c) waiver.

OBJECTIVE: To incorporate changes at time of renewal for the ID/RD home and community-based services waiver.

BACKGROUND: The ID/RD waiver is scheduled to expire Dec. 31, 2021. As part of the waiver renewal process, a full review of the waiver application is being conducted. This is a re-advisement to present updates that have occurred since the May 11, 2021, MCAC meeting. The following are proposed changes.

- Modification of respite care service to include:
 - A daily rate for group respite in a licensed residential facility;
 - Tiered rates for service provision when delivered to multiple participants residing within the same household requiring respite services at the same time; and,
 - The option for participant/representative direction of respite care service.
- Addition of in-home support service as a new participant/representative-directed service
- Retain adult attendant care service (Previously recommended for removal.)
- Increase the service limit for environmental modification service
 - Current limit is \$7,500 per lifetime and there has been no increase since the original waiver application
 - Analysis shows that of the ID/RD waiver participants with environmental modification expenditures from July 2016 through February 2021, 50% were either equal to or closely approaching the current cap
 - Recommendation is to increase to \$15,000 per lifetime with a re-evaluation of utilization following waiver year one
- Incorporate new services
 - Addition of independent living skills service to develop, maintain and improve community-living skills
- Revise and update services
 - Revise career preparation service definition
 - Update options for assistive technology to include remote supports
- Enhance administrative oversight, quality improvement strategies and monitoring of health and welfare
- Update Appendix I-2 to reflect current information on rates, billing, and claims
- Rate analysis and updates to cost neutrality and utilization projections
 - Include tiered rates for residential habilitation

BUDGETARY IMPACT: In its application and each year during the period that the waiver is in operation, the state must demonstrate that the waiver is cost neutral. The average per participant expenditures for the waiver and non-waiver Medicaid services must be no more costly than the average per person costs of furnishing institutional (and other Medicaid State Plan) services to persons who require the same level of care.

EXPECTED OUTCOME: Waiver is renewed prior to expiration date.

EXTERNAL GROUPS AFFECTED: Waiver participants, stakeholders, service providers.

RECOMMENDATION: Issue public notification of proposed waiver changes to allow for public input in accordance with 42 CFR 441.304(f).

EFFECTIVE DATE: On or after Jan. 1, 2022.

**South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advisement**

PREPARED BY: Margaret Alewine, Program Manager, Community Options

PRESENTED BY: Margaret Alewine, Program Manager, Community Options

DATE: Aug. 10, 2021

SUBJECT: Proposed changes to Medically Complex Children (MCC) 1915(c) waiver.

OBJECTIVE: To incorporate changes at time of renewal for the MCC home and community-based services waiver.

BACKGROUND: The MCC waiver is scheduled to expire on Dec. 31, 2021. As part of the waiver renewal process, a full review of the waiver application is being conducted. This is a re-advisement to present updates that have occurred since the May 11, 2021, MCAC meeting. The following are proposed changes.

- Increase maximum age for waiver participants from 18 to 21
 - Registered nurse care coordination is offered as a waiver service. Increasing the maximum age allows for continuity of care during the transition from pediatric to adult care systems and aligns with State Plan services, such as children's personal care and children's private duty nursing, that are available up to age 21 under the Early and Periodic Screening, Diagnostic, and Treatment benefit.
- Add environmental modification service with \$7,500 lifetime cap
 - Service limit is consistent with other 1915(c) waivers
 - Analysis shows average expenditures for other waiver participants under the age of 20 averaged \$5,500, based on claims incurred and paid January 2019 – February 2021.
- Revise waiver performance measures in accordance with guidance received from the Centers for Medicare and Medicaid Services
- Retain and fully implement respite service as currently outlined in the waiver application

BUDGETARY IMPACT: In its application and each year during the period that the waiver is in operation, the state must demonstrate that the waiver is cost neutral. The average per participant expenditures for the waiver and non-waiver Medicaid services must be no more costly than the average per person costs of furnishing institutional (and other Medicaid State Plan) services to persons who require the same level of care.

EXPECTED OUTCOME: Waiver is renewed prior to expiration date

EXTERNAL GROUPS AFFECTED: Waiver participants, stakeholders, service providers

RECOMMENDATION: Issue public notification of proposed waiver changes to allow for public input in accordance with 42 CFR 441.304(f)

EFFECTIVE DATE: On or after Jan. 1, 2022