



### PCSC 1915 (c)/b(4) Waiver Public Comments

Date	Source/Format of Comment	Comment	Response
2/7/2020	Tanya Barton, Private Citizen Telephone Call	<ul style="list-style-type: none"> <li>How can I obtain a printed copy of the waiver applications?</li> </ul>	<ul style="list-style-type: none"> <li>A hard copy of the waiver will be left for pickup at the South Carolina Department of Health and Human Services (SCDHHS) Jefferson Square Security Desk. Please provide a picture ID.</li> </ul>
2/7/2020	Josh Kaufman, SCYAP Telephone Call	<ul style="list-style-type: none"> <li>What services are in the service array?</li> </ul>	<ul style="list-style-type: none"> <li>Waiver services are outlined in Appendix C of the 1915(c) application.</li> </ul>
		<ul style="list-style-type: none"> <li>Who can provide HFW?</li> </ul>	<ul style="list-style-type: none"> <li>The Continuum of Care (COC) is the only SCDHHS-approved provider of High Fidelity Wraparound (HFW).</li> </ul>
		<ul style="list-style-type: none"> <li>How will respite work?</li> </ul>	<ul style="list-style-type: none"> <li>When respite is authorized and approved for a waiver participant, the COC Wrap facilitator will assist in the selection of a respite service provider from among approved providers.</li> </ul>

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		<ul style="list-style-type: none"> <li>How can SCYAP provide services?</li> </ul>	<ul style="list-style-type: none"> <li>Based on the current service array, the South Carolina Youth Advocate Program (SCYAP) is only eligible to provide non-center-based respite. However, all waiver providers must be Medicaid providers and appear on the Qualified Provider List (QPL). SCDHHS oversees Medicaid provider enrollment. The QPL is maintained by the COC.</li> </ul>
2/12/2020	Louise Johnson, DMH Telephone Call	<ul style="list-style-type: none"> <li>Which section of the application outlines the services available through this waiver?</li> </ul>	<ul style="list-style-type: none"> <li>Waiver services are outlined in Appendix C of the 1915 (c) application.</li> </ul>
2/12/2020	Mike Leach, DSS Comments Email	<ul style="list-style-type: none"> <li>Will children and youth in foster care be able to receive High Fidelity Wraparound from the Continuum of Care?</li> </ul>	<ul style="list-style-type: none"> <li>At this time, youth in the legal custody of the Department of Social Services (DSS) are not able to receive services from the COC.</li> </ul>

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		<ul style="list-style-type: none"> <li>Will children and youth in foster care who are enrolled in this waiver be moved to fee for service Medicaid if they are in managed care at the time of entry into the waiver?</li> </ul>	<ul style="list-style-type: none"> <li>Children and youth in state custody are not eligible for services in the Palmetto Coordinated System of Care (PCSC) waiver at this time. Children in the custody of their parent/guardian will be moved to fee-for-service (FFS) if they are in managed care at the time of entry into the waiver.</li> </ul>
		<ul style="list-style-type: none"> <li>Respite services for children and youth with significant behavioral health needs are very challenging to secure in South Carolina. What is DHHS' plan to recruit, train, and retain respite providers?</li> </ul>	<ul style="list-style-type: none"> <li>Initially, respite will be provided by individuals on the state's most recent QPL. These individuals presently provide respite services to youth served by the COC. In April 2019, the Respite Workgroup reconvened to discuss respite provider capacity and recruitment, training content and reimbursement strategies.</li> </ul>

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		<ul style="list-style-type: none"> <li>How does the respite rate in the waiver compare to respite rates for other populations that may not be as challenging?</li> <li>If DHHS is unable to secure an adequate array of respite providers, will DHHS consider re-evaluating the respite rate?</li> </ul>	<ul style="list-style-type: none"> <li>The PCSC waiver respite rate is comparable to the waiver respite rate in other SCDHHS waivers. An amendment may be submitted to the Centers for Medicare and Medicaid Services (CMS) to address any changes in the rates for waiver services.</li> <li>The Respite workgroup intends to broaden its efforts to identify alternative respite resources to supplement services provided by Medicaid providers. Any changes to waiver rates will require the submission of a waiver amendment to CMS.</li> </ul>
2/12/2020	Melissa Allman, Bayada Home Health Care Agency Email	<ul style="list-style-type: none"> <li>Can you tell me if the services under this program is for institutional settings?</li> </ul>	<ul style="list-style-type: none"> <li>Waiver services cannot be delivered to youth in out-of-home placements. Youth up to age 21 meeting the following targeting criteria are eligible for this waiver: significant behavioral need (primary behavioral health diagnosis, substance use disorder, dual behavioral and developmental disorder); meet inpatient hospital level of care as</li> </ul>

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			determined by the Child and Adolescent Service Intensity Instrument (CASII) and be Medicaid eligible.
		<ul style="list-style-type: none"> <li>• Or does this also include In Home Care services?</li> </ul>	<ul style="list-style-type: none"> <li>• Per CMS, provision of waiver services must be rendered in the home or a community-based setting.</li> </ul>
2/26/2020	Patricia Logan Harrison, Logan Harrison Law Comments Email	<ul style="list-style-type: none"> <li>• In preparing a chapter for the Elderlaw Practice Manual, I came across the Palmetto Pathways waiver application.</li> </ul>	<ul style="list-style-type: none"> <li>• Your submission references the Palmetto Pathways waiver application. All responses provided will reference the PCSC waiver applications.</li> </ul>

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		<ul style="list-style-type: none"> <li>Since individuals can only be on one waiver at a time, does a child or young adult have to give up the ID/RD, HASCI or CS waiver they might be on to receive these services?</li> </ul>	<ul style="list-style-type: none"> <li>Participants can only be enrolled in one waiver at a time. To be eligible for the PCSC waiver, applicants must meet target criteria, including level of care. The applicant and guardian, if applicable, is made aware of policies prohibiting enrollment in programs subject to potential duplication of payment for services. The applicant and guardian must sign a consent form acknowledging this understanding before waiver enrollment is approved.</li> </ul>
		<ul style="list-style-type: none"> <li>What happens when he or she ages out of Palmetto Pathways – does he or she go to bottom of DDSN waiting list?</li> </ul>	<ul style="list-style-type: none"> <li>Six months prior to a participant reaching age 21 the PCSC waiver transition process is initiated. The participant’s child and family team work with the family to ensure a formal transition plan with action steps and identified transitional services. Enrollment procedures for the South Carolina Department of Disabilities and Special Needs (DDSN) services are separate, distinct and outside of the scope of the PCSC waiver.</li> </ul>

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		<ul style="list-style-type: none"> <li>If he/she at some point before age 21 “chooses” the ID/RD, HASCI or CS waiver, he/she no longer needs these “High Fidelity” services??? His or her needs can then be met by a DDSN case manager allowed to bill less than \$200 a month?</li> </ul>	<ul style="list-style-type: none"> <li>When an applicant chooses waiver enrollment, a Wrap facilitator will be assigned to guide the child and family team in the development of an individualized service plan (ISP). Service providers will be selected to meet the identified need on the ISP. DDSN case management services are outside of the scope of the PCSC waiver.</li> </ul>
		<ul style="list-style-type: none"> <li>Do these children and young adults just get placed in “high management” homes like Mentor operates when they age out or no longer can be served at home.</li> </ul>	<ul style="list-style-type: none"> <li>Generally speaking, a transition plan is developed by the child and family team for all waiver participants. The plan is developed six months prior to the participant’s 21st birthday or in accordance with the participant’s goal attainment. The plan identifies action steps and transitional services designed to meet the participant’s individualized needs.</li> </ul>

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		<ul style="list-style-type: none"> <li>Why are these “High Fidelity” services not covered by EPSDT? EPSDT has to provide whatever service is needed, whether or not it is a State Plan service.</li> </ul>	<ul style="list-style-type: none"> <li>All individuals under the age of 21 meeting medical necessity and criteria for HFW are eligible to receive the service.</li> </ul>
		<ul style="list-style-type: none"> <li>Why has DHHS elected to allow for only one provider in this waiver? Looks to me like there have been problems with this provider? So, why is DHHS limiting the choice to this one provider?</li> </ul>	<ul style="list-style-type: none"> <li>SCDHHS can only contract with HFW providers certified by the National Wraparound Implementation Center partners. The (COC) is the only entity in the state that meets these qualifications.</li> </ul>

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		<ul style="list-style-type: none"> <li>Looks to me like what is being provided is what DDSN case managers are doing. So, why are these case managers paid over \$9,000 a year per participant, when DDSN case managers are paid a fraction of that amount?</li> </ul>	<ul style="list-style-type: none"> <li>Costs associated with waiver HFW is comparative to other states with similar programs. DDSN case management is outside of the scope of the PCSC waiver.</li> </ul>
		<ul style="list-style-type: none"> <li>Are “High Fidelity” case managers paid when they travel to meet with participants and/or their families? If they are paid to travel to these meetings, why does DHHS exclude travel time for DDSN case managers?</li> </ul>	<ul style="list-style-type: none"> <li>Reimbursement for the HFW service includes travel. This is consistent with other programs in other states. Reimbursement for DDSN case managers is outside of the scope of the PCSC waiver.</li> </ul>

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		<ul style="list-style-type: none"> <li data-bbox="611 472 1318 992">• I have found it to be impossible to find providers of DDSN behavior support services who will provide services to waiver participants in the home. Perhaps a significant factor in the rise of these unmanageable children and young adults is that DDSN slashed the number of providers of behavior support services to waiver participants living at home. How many behavior support providers were on the DDSN qualified list ten years ago, and how many are there now? Another factor is that the rate for behavior support providers has not increased, I believe, in the past ten years.</li> <li data-bbox="611 992 1318 1354">• Why have this waiver and these issues not been discussed at DDSN Commission meetings, given the high number of dually diagnosed children and young adults?</li> </ul>	<ul style="list-style-type: none"> <li data-bbox="1318 472 2026 992">• DDSN provider capacity and reimbursement structure is outside of the scope of the PCSC waiver.</li> <li data-bbox="1318 992 2026 1354">• The agenda at the DDSN Commission meetings is beyond the scope of the PCSC waiver.</li> </ul>

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Content appearing below reflects comments and questions pertaining to the PCSC 1915 (c) Waiver Amendment			
Date	Source/Format of Comment	Comment/Request	Response
Aug. 2020 – Feb. 2021	SC Continuum of Care (COC) Verbal communication during waiver planning meetings	<ul style="list-style-type: none"> <li>Designate COC as operating entity for the waiver.</li> </ul>	<ul style="list-style-type: none"> <li>A waiver amendment will be submitted to CMS to reflect COC as the operating entity. Revised language reflecting this designation is found in the following sections of the proposed waiver amendment document: <b>Application</b> - Brief Waiver Description and Contact Persons; <b>Waiver Administration and Operation</b> - (A1) State Line Authority, (A2) Oversight Performance, (A3) Use of Contracted Entities and (A4) Role of Local/Regional Non-State Entities; <b>Participant Access and Eligibility</b> – (B6b) Responsibility for Performing Level of Care (LOC) Evaluations and Re-evaluations, (B6f) Process for LOC Evaluations and Re-evaluations; <b>Participant Services</b> (C Quality Improvement: Qualified Providers Sub-assurance c); <b>Participant-Centered Planning and Service Delivery</b> – (D1d) Service Plan Development Process, (D1e) Risk Assessment and Mitigation, (D1g) Process for Making Service Plan Subject to the Approval of the Medicaid Agency, (D2a). Service Plan Implementation and Monitoring; <b>Participant Direction of</b></li> </ul>

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			<p><b>Services</b> - (E1d) Election of Participant Direction and (E1m) Involuntary Termination of Participant Direction; <b>Participant Safeguards</b> – (G3b) Medication management Follow-Up (Responsibility, Oversight, Follow-Up), (G - Quality Improvement Health and Welfare Sub-assurance a) (G - Quality Improvement Health and Welfare Sub-assurance b); and (G - Quality Improvement Health and Welfare Sub-assurance c).</p>

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