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

PREPARED BY: Roy Smith and Sherry Everett

PRESENTED BY: Mona Sechrest

DATE: November 12, 2014

SUBJECT: THIS IS A CORRECTION TO THE SEPTEMBER 10th MCAC AGENDA ITEM.

Amendment of two 1915c Home and Community Based Services Waivers operated by the Division of Community Long Term Care: Community Choices (CC) and Mechanical Ventilator Dependent Waiver (Vent) and present new Center for Medicare and Medicaid Services (CMS) Transition Plan requirements for Home and Community Based waiver amendments.

OBJECTIVE: Amendments will increase the potential number of participants and add Adult day health care nursing (ADHC-N) service to the CC waiver; add Case Management as a waiver service, and add home delivered meals to the Vent Waiver; and provide language clean up to these two waivers.

Sharing details of the new CMS requirements for waiver specific transition plans when amendments are submitted helps the State comply with CMS requirements and inform the public of these new requirements.

BACKGROUND:

Community Choices Waiver: SCDHHS has a policy to enroll applicants into this waiver without placing them on a waiting list. This means that all fully qualified applicants are able to access the home and community-based services available in this waiver. In the past, applicants were subject to being placed on a waiting list which limited the number of people served. In addition, the agency has adopted policies which serve to expedite enrollment into the waiver.

The result of this is that the numbers served in the waiver have grown faster than was projected when the five year estimates were made (this waiver began its fourth year of the current approval July 1, 2014). In order to be in compliance with federal requirements, an amendment must be requested which will increase the number of people allowed to be served in the waiver program.

The second change for this waiver is to add the ADHC-N service. Persons attending adult day health care centers often have skilled medical needs. This service reimburses the facility for providing certain skilled nursing services (ostomy care, urinary catheter care, wound care, tracheostomy care, tube feedings and nebulizer treatments that require medication). This service was a part of the waiver program for a number of years but was removed as a cost saving measure during the Great Recession.

Mechanical Ventilator Dependent: Presently case management for participants in this waiver is performed by State employed Registered Nurses as an administrative service. This was done because of the extensive medical needs of this population. However, these nurses have many other

duties and many aspects of case management do not fully utilize their medical training. This amendment will make case management a new waiver service that will be provided by provider case managers (often licensed social workers). State nurse consultants will be available to consult with case managers when necessary.

Contracted case management agencies and independent case managers will be reimbursed for providing this service. Reimbursement will be billed in 15 minute increments, as it is currently billed in the CC and HIV/AIDS waivers. Additionally, this change will allow State nurse consultants to commit more time to their many other responsibilities, such as completing initial waiver assessments to determine waiver medical eligibility and enrollment.

The other change for this waiver is to add home delivered meals service. Many persons on ventilators are able to spend some time during the day off of the ventilator. This service meets the nutritional needs of participants of the CC and HIV/AIDS waivers. This will make the service available for all three waiver programs.

Community Choices and Mechanical Ventilator Dependent: Due to changes in the State's organizational structure and some technical changes in the flow of billing and claims filing, language cleanup is necessary to accurately reflect these changes.

CMS New Requirements for Waiver Specific Transition Plans: The Center for Medicare and Medicaid Services issued a final rule on Home and Community Based Services (HCBS) establishing certain requirements for home and community based services that are provided through Medicaid waivers, like the CC and Vent Waivers. There are specific requirements for where home and community based services are received called "settings requirements."

CMS requires that each state submit a "Transition Plan" for each waiver renewal or amendment between March 2014 and March 2015. The Transition Plan outlines how the state will come into conformance and compliance with the HCBS Rule.

Additionally, CMS requires that transition plans and these waiver amendments must be available for the public to read and provide comments (30 days allowed for public comments) before being submitted to CMS for review when the amendments are submitted. Therefore, the transition plan and waiver changes for the CC and Vent Waivers will be posted to the SCDHHS website after November 7th for review and comments. This posting will also include information on dates and locations for public meetings on the new CMS rules and these CC and Vent waiver amendments.

The Transition Plan, even once submitted, may need to change and evolve as the state goes through the process of coming into compliance with the HCBS Rule. If the Transition Plan does change after submission to CMS, the state will make it available again for public comment and input.

BUDGETARY IMPACT:

Community Choices: The census increase will allow the State to provide services for all qualified applicants. Since this program is an alternative to more costly nursing facility services, it is anticipated that there will be no additional agency cost, with the possibility of reducing expenditures if nursing facility services are utilized to a lesser amount as a result of this change.

Based upon historical data for when the ADHC-N service was included in the waiver, the estimated cost is under $200,000 total dollars per year.

Mechanical Ventilator Dependent Waiver: Adding case management as a waiver service will cost approximately $30,000 – 40,000 per year. However, this will be largely offset in freeing RN time for other responsibilities. Home delivered meals services will cost approximately $50,000 per year.

CMS New Requirements for Waiver Specific Transition Plans: There is not a budgetary impact of meeting the home and community based setting requirements for the CC waiver or the Vent Waiver.

EXPECTED OUTCOMES: Increasing the census in the CC waiver will allow additional eligible applicants to enroll in the waiver and receive services as appropriate. Adding ADHC-N will allow current and potential participants to receive an additional service, if needed, to remain in his/her home. Participants in the Vent waiver will continue to receive case management services without an interruption of the service. Additionally, State nurse consultants will be able to focus on other waiver activities and case management providers will receive reimbursement for services provided. Language clean up to these two Community Long Term Care waivers will accurately reflect organizational and technical changes.

Posting the Transition Plan for each of these waivers will allow the public to comment on plans and the state will meet CMS requirements.

EXTERNAL GROUPS AFFECTED: These changes will affect current and potential participants, State nurse consultants, and contracted case management and adult day health care providers.

Notification of the intent to file these amendments will be circulated to the listserv of interested parties, maintained by the SCDHHS, who have requested notification of waiver amendments and renewals. Copies of these amendments will be posted to the SCDHHS website at the time they are filed with Centers for Medicare and Medicaid Services (CMS).

Transition Plans for these two waivers will be posted to the SCDHHS website and circulated to the listserv of interested parties after November 7, 2014 for public comment.

RECOMMENDATION: Submit waiver amendments and Transition Plans to CMS for approval.

EFFECTIVE DATE:

Community Choices: The census increase is a count of the census for the entire waiver year so this amendment will allow the agency to continue to add participants at all points during the year. The ADHC-N service is targeted to be implemented effective upon CMS approval and not before May 1, 2015. The language cleanup will have the same effective date as the first waiver approval from CMS.

Mechanical Ventilator Dependent: Adding case management waiver service and home delivered meals and language clean- up will be effective upon CMS approval and not before May 1, 2015.

CMS New Requirements for Waiver Specific Transition Plans: The transition plans will become effective upon CMS approval.