Healthy Connections MEDICAID

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Medical Care Advisory Committee (MCAC)
December 8, 2020
SCDHHS, 1801 Main Street, Columbia, South Carolina 29202
10:00AM-12:00PM

I. Welcome by Director

II. Advisements

- Community Choices and HIV/AIDS 1915 (c) Waiver Renewals
  Margaret Alewine, Program Manager, Community Options

SCDHHS Updates

Quincy Swygert, Budget Director
- FY 2021-22 General Appropriations Request

III. Public Comment

IV. Closing Comments

V. Adjournment

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Medical Care Advisory Committee
Oct. 13, 2020, Meeting Minutes

Present	Not Present
John Barber	Graham Adams
Sue Berkowitz	Chief Bill Harris
William Bilton	Tysha Holmes
Maggie Cash	J.T. McLawhorn
Dr. Amy Crockett	Dr. Kashyap Patel
Dr. Tom Gailey	Mary Poole
Amy Holbert	Dr. Jennifer Root
Bill Lindsey	Dr. Keith Shealy
Michael Leach	
Melanie Matney	
Loren Rials	
Tricia Richardson	
Amanda Whittle	
Lathran Woodard	

Introduction
Director Baker welcomed MCAC members and introduced the agenda. He advised that questions should be submitted through the WebEx chat box.

Advisements
Advisement: Nursing Facility Rate Updates
An overview of the advisement was provided by Jeff Saxon.

No questions were asked.

Advisement: South Carolina Medicaid Disproportionate Share (DSH) Payment Program Update Effective Federal Fiscal Year (FFY) 2020 and Inpatient/Outpatient Hospital Reimbursement Changes Effective Jan. 1, 2021
An overview of the advisement was provided by Jeff Saxon

No questions were asked.

Advisement: Medically Complex Children's (MCC) Waiver Amendment.
An overview of the advisement was provided by Margaret Alewine.

The following questions were asked:

1. Will this increase the number of children served?
    a. SCDHHS responded that there are approximately 50-55 unique participants per year and that there is only one facility in the state right now providing the service. The agency said it views this rate increase as being critical to the service being available. The agency also noted that it performed market research ahead of making the recommendation and that the rate had not been updated in more than a decade.
2. Will this increase the number of providers?
    a. SCDHHS noted that the only provider in the state is in Greenville and that other providers will likely need to be hospital-based because of the complexity of the needs. The agency said it is always open to having conversations with facilities and providers about serving these needs; and, depending on population needs, it may make sense to have a provider in the Low Country or Midlands. SCDHHS also noted it has not seen an interest from hospitals in those areas at this point, which may be because there is a low volume of recipients and large infrastructure and facility needs required to provide the service.

Advisement: Nurse Family Partnership Waiver Amendment
An overview of the advisement was provided by Bryan Amick.

Director Baker stated the purpose of the amendment is an interim step to allow the program to continue while it waits for the final report at which point the agency will consider additional steps.

No questions were asked.

SCDHHS Updates

Finance
Quincy Swygert presented the FY 2021-22 General Appropriations Request and supplemental slides.

Director Baker noted this update effectively includes two-year's worth of annualizations. He stated the General Assembly and governor(s) for the past 10 years have been building a reserve that was independent of the state's reserve funds because revenue downturn is inevitable. He added that SCDHHS is well positioned to weather a moderate recession because of these actions. He also added that the agency's approach is to be transparent about the financial decisions it will eventually need to make and the agency's financial position. He closed by stating the agency is continuing to operate the program and does not currently see a need for rate cuts or layoffs.

No questions were asked.

COVID-19 Telehealth Flexibilities
An update was provided by Bryan Amick.

Mr. Amick stated that the agency has modified the telehealth benefit due to COVID-19 with the goal of ensuring access to care and implementing social distancing. Most of the flexibilities the agency has announced have been tied to the declared public health emergency. He stated the agency will provide sufficient notice to beneficiaries and providers before any changes are made to the temporary flexibilities and SCDHHS will continue to update MCAC with its plan.
Director Baker thanked the healthcare providers who provided feedback on telehealth flexibilities as they were released.

The following question was asked:

1. Has the agency planned outreach efforts to beneficiaries and providers to get feedback on flexibilities?
    a. SCDHHS responded that it will be able to do significantly more outreach in the future than when the flexibilities were announced as the flexibilities were announced as quickly as possible once they were approved. The agency added that it has a duty to balance the flexibilities for practices that are across the spectrum of telemedicine adoption and that it wants to engage in efforts to bring local practices up to speed. The agency added that total utilization jumped from about 0.25% utilization to about 10% of utilization quickly at the beginning of the pandemic. SCDHHS added that this process gave the agency the opportunity to evaluate the telemedicine and reimbursement methods it already had in place. The agency stated the outreach and level of intensity of outreach will vary based on how the potential change is likely to impact the provision of services.
2. How should input on telehealth be submitted from the provider community?
    a. SCDHHS stated that it will do focus groups and outreach, hold public hearings and that it will bring changes to groups like MCAC before making changes. The agency encouraged providers to work through their professional associations to provide feedback.

Eligibility Update

An update was provided by Director Baker that included a review of the enrollment slide that was provided to the committee and an update on COVID-19-related requirements and trends.

The following question was asked:

1. Where are we on child enrollment or uninsured rates for kids?
    a. SCDHHS responded that there was some data put out by Kaiser that indicated South Carolina had decreased enrollment since March and that the data was inaccurate. The agency stated that it is attempting to locate the root cause of the inaccurate information. The agency responded that its monthly data report came in over the weekend and that new projections will be shared with the committee; the agency's enrollment is actually up nearly 10%.

Director Baker also noted that if the public health emergency ends in January, the agency is allowed to begin redeterminations in February; however, the agency has submitted a proposal to the Centers for Medicare and Medicaid Services (CMS) to implement the redetermination process over the course of a year. SCDHHS stated that the agency is partnering with community organizations and will collaborate with more to engage in outreach to help with this process, particularly in making sure the agency has accurate information about its beneficiaries. He also stated the agency will prioritize categorical considerations during the first few months when redeterminations are being made again, which will be consistent with the priorities CMS has expressed.

The following question was asked:

1. Is there an update on community engagement?
    a. SCDHHS responded that it is continuing to negotiate with CMS what the timelines look like. The first key point to the negotiations is that the evaluation the agency must complete needs to be based on a baseline that has been thrown off by the pandemic. The second key point is that congressional action limits the agency's ability to change eligibility guidelines from what was in place in Jan. 2020. As a result, the systems can be developed, but implementation is likely dependent on the duration of the public health emergency. The agency stated that CMS has been flexible with pandemic-related impacts on some parts and not on others and that this approach extends beyond community

engagement and also impacts other regulations, such as the supplemental teaching payment.

2. When will the agency share the documents it is developing?
    a. SCDHHS responded that it will make documents public when the drafts are in writing, which is likely toward the end of the year based on CMS' due dates.

Closing

Director Baker stated that the agency will share budget presentations, which will include enrollment projections, with the committee when they are available and before the next MCAC meeting.

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: Janelle Smith, Deputy Director, Health Programs

DATE: Dec. 8, 2020

SUBJECT: Proposed changes to Community Choices and HIV/AIDS 1915(c) waivers.

OBJECTIVE: To incorporate changes at time of renewal for the Community Choices and HIV/AIDS home and community-based services waivers.

BACKGROUND: The Community Choices and HIV/AIDS waivers are scheduled to expire on June 30, 2021.. As part of the waiver renewal process, a full review of the waiver applications is being conducted. The following are proposed changes.

Community Choices Waiver:

- Section C-1(a): removal of Residential Personal Care II service. This service is described in the current waiver application as "a service designed to enable waiver participants living in a Community Residential Care Facility (CRCF) to accomplish tasks that they would normally do for themselves if they did not have a disability." There has been no utilization of this service, and the South Carolina Department of Health and Environmental Control requires that a CRCF provide/coordinate a degree of personal care. In addition, individuals that reside in a CRCF and receive Optional State Supplement (OSS) services receive assistance with activities of daily living as part of that benefit.

HIV/AIDS Waiver:

- Section C-1(a): remove Prescription Drugs. This service is now provided under the State Plan authority.
- Section C-1(c): modify the services allowable in a CRCF to remove Private Duty Nursing.

Both Waivers:

- Section B-6(c): add licensed social workers to the list of qualified individuals capable of performing initial level of care evaluations.
- Section B-6(h): add certified geriatric case managers and certified case managers to the list of qualified individuals capable of performing level of care re-evaluations.
- Section C-1(a): modify service definitions to align with internal scopes of service and waivers across the agency. Update frequency of validating provider qualifications. Add taxonomy codes.
- Section C-1(a): itemize waiver services (remove grouping) so that services are easily identified, and federal reporting requirements are met.

- Section C-2(b): add certified nurse aide registry information to the "Abuse Registry Screening" section.
- Section C-2(c): modify the services allowable in a CRCF to remove Personal Care I and II and add nutritional supplements.
- Section G-1(b): add "infectious disease outbreak" and "elopements" to list of critical incidents.

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: Waivers are 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 July 1, 2021.