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Medical Care Advisory Committee (MCAC) Feb. 9, 2021 SCDHHS, 1801 Main Street, Columbia, South Carolina 29202 10 a.m.-12 p.m.

- I. Welcome by Acting Director
- II. Advisements
 - Medication-Assisted Treatment (MAT)
 Janelle Smith, Deputy Director, Health Programs

Recovery Audit Contractor (RAC) Waiver

Betsy Corley, Program Manager, Operations and Managed Care Oversight

SCDHHS Updates

Kelly Eifert, Program Manager, Office of Compliance

 Home and Community-Based Services (HCBS) Settings Rule- South Carolina Statewide Transition Plan

Quincy Swygert, Budget Director

- Quarter 2 Budget Update
- III. Public Comment
- IV. Closing Comments
- V. Adjournment





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Medical Care Advisory Committee Dec. 8, 2020, Meeting Minutes

Graham Adams
John Barber
Sue Berkowitz

Present

Maggie Cash Dr. Tom Gailey Amy Holbert

Tysha Holmes

Bill Lindsey

J.T. McLawhorn Michael Leach Mary Poole

Loren Rials

Tricia Richardson Amanda Whittle Lathran Woodard Not Present

William Bilton
Dr. Amy Crockett
Chief Bill Harris
Melanie Matney
Dr. Kashyap Patel
Dr. Jennifer Root

Dr. Keith Shealy

Introduction

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

<u>Advisements</u>

Advisement: Community Choices and HIV/AIDS 1915 (c) Wavier Renewals

An overview of the advisement was provided by Margaret Alewine.

No questions were asked.

SCDHHS Updates

Finance

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

The following questions were asked:

- Is fee-for-service affecting behavioral health percentages?
 - a. SCDHHS responded that yes there is some utilization drop off on the fee-for-service line. The agency responded that behavioral health has been slightly over-budgeted after



carve-in any way and that the agency typically runs below the appropriation the General Assembly has included on that line in the budget. The agency added that it saw some drop off in utilization early on but that the agency has produced a significant amount of telemedicine guidance and that it has seen utilization bounce back. Finally, the agency added that there may also be some spillover effects from utilization dropping off in school-district services as well.

Closing

Director Baker stated that the committee can expect more advisements at the next MCAC meeting in February and that the agency will have more of a sense of what the budget situation at that time. Director Baker closed by wishing everyone a safe and happy holiday season.

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

PREPARED BY: Ann-Marie Dwyer, Director, Behavioral Health

PRESENTED BY: Janelle Smith, Deputy Director, Office of Health Programs

DATE: Feb. 9, 2021

SUBJECT: Mandatory Medicaid State Plan Coverage of Medication-Assisted Treatment (MAT)

OBJECTIVE: To comply with mandatory federal requirements and create a new MAT section in the South Carolina State Plan.

BACKGROUND: On Dec. 30, 2020, the Centers for Medicare and Medicaid Services issued guidance to states regarding section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. To increase access to MAT for opioid use disorders (OUDs), section 1006(b) of the SUPPORT Act requires states to provide Medicaid coverage of certain drugs and biological products, and related counseling services and behavioral therapy.

MAT is an effective, comprehensive, and evidence-based treatment that is integral to addressing the nation's opioid crisis. Section 1006(b) of the SUPPORT Act amended the Social Security Act to require states to cover MAT for all who are eligible to enroll in the State Plan.

The new mandatory MAT benefit includes all FDA-approved drugs and licensed biologicals used for MAT to treat OUD, as well as associated counseling and behavioral therapies. Covered drugs are methadone, buprenorphine, and naltrexone. Covered behavioral health services include individual/group therapy, peer support services and crisis intervention.

Currently MAT is covered under different authorities in the State Plan, but to be compliant with the SUPPORT Act, South Carolina will have to create a new required benefit to be in effect for a five-year period beginning Oct. 1, 2020, and ending Sept. 30, 2025.

BUDGETARY IMPACT: The South Carolina Department of Health and Human Services anticipates this change will be budget neutral since these services are already covered under the State Plan.

EXPECTED OUTCOMES: Compliance with Section 1006(b) of the SUPPORT Act.

EXTERNAL GROUPS AFFECTED: This amendment will apply to opioid treatment programs and behavioral health service providers (Rehabilitative Behavioral Health Services, Community Mental Health Services, and Licensed Independent Practitioners).

RECOMMENDATION: To submit a state plan amendment to comply with federal requirements and create a MAT section in the State Plan.

EFFECTIVE DATE: Oct. 1, 2020

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

PREPARED BY: Betsy Corley, Program Manager, Operations and Managed Care Oversight

PRESENTED BY: Betsy Corley, Program Manager, Operations and Managed Care Oversight

DATE: Feb. 5, 2021

SUBJECT: Waiver of Recovery Audit Contractor (RAC) requirements in 42 CFR Section 455.508(b).

OBJECTIVE: The state is seeking an exception to 42 CFR §455.508(b), the requirement that the RAC must hire a minimum of 1.0 full-time equivalent (FTE) contractor medical director. The state shall require the RAC to hire no less than 0.1 FTE named and available medical director who is a doctor of medicine in good standing with the relevant state licensing authorities.

BACKGROUND: Under Section 1902(a)(42)(B)(i) of the Social Security Act, states and territories are required to establish programs to contract with one or more Medicaid RACs. The purpose is to identify underpayments and overpayments and recoup overpayments under the State Plan and under any waiver of the State Plan with respect to all services for which payment is made to any entity under such State Plan or waiver. Under 42 CFR §455.516, states may submit a state plan amendment (SPA) seeking exception from some or all Medicaid recovery audit contracting requirements. The South Carolina Department of Health and Human Services (SCDHHS) is seeking an exception to 42 CFR §455.508(b), to waive the requirement of a 1.0 FTE medical director dedicated to the South Carolina market.

In previous years, SCDHHS has contracted with vendors for the RAC program. However, with the growth of managed care organizations and decreased fee-for-service volume, many states have been unable to attract and contract with RAC vendors. Many states, including South Carolina, were granted waivers of the RAC program until a vendor could be contracted.

To stay competitive like other state markets and allow SCDHHS' Division of Program Integrity to contract and retain a RAC vendor, SCDHHS agreed to seek a waiver of the above requirement.

BUDGETARY IMPACT: SCDHHS anticipates this policy change to be budget neutral since the vendor is paid a contingency fee based on the amounts recovered.

EXPECTED OUTCOMES: The waiver would eliminate the requirement of a 1.0 FTE medical director for duties that may not be required on a full-time basis.

EXTERNAL GROUPS AFFECTED: None

RECOMMENDATION: To submit a SPA to the Centers for Medicare and Medicaid Services (CMS) to grant a waiver of 42 CFR Section 455.508(b).

EFFECTIVE DATE: On or after Jan. 1, 2021



Home and Community-Based Services (HCBS) Settings Rule - South Carolina Statewide Transition Plan Update

Kelly Eifert, Ph.D. Project Manager February 9, 2021

HCBS Rule - Timeline

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Date	Action
Jan. 16, 2014	The Centers for Medicare & Medicaid Services (CMS) released HCBS
	regulation
March 17, 2014	HCBS regulation effective
2014-2015	Development of Statewide Transition Plan and systemic assessment
Feb. 26, 2015	Statewide Transition Plan submitted to the CMS
Nov. 4, 2016	Initial approval of Statewide Transition Plan
2016 – 2017	Transition work continues: changes to policies, provider settings
	assessments
May 9, 2017	CMS extends transition deadline to March 17, 2022
2018 - 2020	Transition work continues: provider settings compliance action, monitoring
	of milestones
2019-2021	Home and Community Based (HCB) Quality Review process – heightened
	scrutiny of settings
Feb. 4, 2020	Final approval of Statewide Transition Plan
July 14, 2020	CMS extends transition deadline to March 17, 2023, due to public health
	emergency
2020-2023	Transition work continues: provider settings compliance action, monitoring
	of milestones
March 17, 2023	HCBS transition complete, ongoing monitoring of compliance



South Carolina HCBS Statewide Transition Plan

- Statewide Transition Plan status update
- Plan received "final approval" by CMS Feb. 4, 2020
- Systemic assessment process and changes approved by CMS
- > Settings assessment process, outcomes and changes approved by CMS (even with changes still pending)
- Next steps:
- Settings heightened scrutiny review process and submission to CMS
- ➤ Category 2 settings submit to CMS by March 31, 2021
- ➤ Category 3 settings submit to CMS by Oct. 31, 2021
- ▶ Includes public notice
- Update CMS on transition milestones



South Carolina HCBS Statewide Transition Plan

- Will release for public notice and comment period on Feb. 10, 2021
- Public comment Feb. 10 March 12, 2021
- Public webinar:
- ▶ Feb. 17, 2021, 11:30 a.m. 1 p.m.
- Setting-specific meetings are scheduled for direct beneficiary participation
- Will submit to CMS March 31, 2021



South Carolina HCBS Statewide Transition Plan

- Statewide Transition Plan revisions
- Date changes throughout the document due to CMS' extension of HCBS transition deadline
- Fully described state-level review for CMS Heightened
- ➤ Adult Day Health Care setting
- South Carolina Department of Disabilities and Special Needs (SCDDSN) settings
- Category 2 SCDDSN settings submitted for CMS heightened scrutiny review
- Care Facilities for Individuals with Intellectual Disabilities These are settings next to or adjacent to Intermediate (ICF/IID)
- Seven settings fall in this category for submission



Heightened Scrutiny Category 2 settings

SCDDSN settings in Category 2

	Setting Name	Setting Type	Region
ij	Fountain Inn	SLP II	Piedmont
2.	Gibbs Activity Center	Day/AAC	Pee Dee
က	Meadowlark	CTHII	Midlands
4.	Patrick Center Activities	Day /AAC	Piedmont
r.	Piedmont Skills – Patrick Center	Day/AAC	Piedmont
9.	Piedmont Skills – Fountain Inn	Day/AAC	Piedmont
7.	Washington	CTH II	Pee Dee

SLP II = Supervised Living Program
AAC = Adult Activity Center
CTH II = Community Training Home



Appropriation/Authorization to Year to Date Actual Spending FY 2021 YTD (Through December-QTR 2)

1,757,380,798 1,454,152,635 55% 261,210,548 303,468,639 46% 284,261,706 267,156,915 52% 311,217,412 340,824,601 48% 61,954,322 39,873,038 38% 41,361,681 60,469,001 41% 61,954,322 39,873,038 38% 41,361,681 60,469,001 41% 136,106,128 58,297,921 70% 71,723,957 82,797,975 46% 13,184,472 32,560,296 29% 44,997,118 48,819,981 48% 16,682,712 10,832,916 61% 13,766,678 7,348,403 52% 8,464,887 7,348,403 54% 8,366,678 7,348,403 54% 8,366,678 7,348,41 5,306,193 36% 8,873,422 11,759,734 52% 132,963,779 125,015,312 52% 1,035,429 7,740,633 5,47,744 1,703,465 3,477,414 54%	007 000 1770 0	
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12,415,512	20,885,649	Average patient receiving more units of service in FY2021. Utilization up by 62% 5% compared to prior fiscal year.
CE) 15,813,290 8,464,887 7,348,403 54% 16,211,851 8,366,678 7,845,173 52% 13,042,685 7,444,891 5,597,794 57% 8,300,614 2,994,418 5,306,193 38% 20,633,161 8,873,422 11,759,739 43% 20,633,161 8,873,422 11,759,739 43% 20,654,12 12,249 77,744 54% 20,510,764 11,035,429 77,444 54% 20,510,764 11,035,429 77,444 54% 20,510,744 11,035,429 77,744 54% 20,510,764 11,035,429 77,744 54% 20,510,748,900 344,831,630 367,617,270 49% 46,091,978 7,738,465 38,353,513 17% 17,335,760 700,056 1,039,704 40% 54,937,749 20,039,021 38,489,728 38% 54,937,749 20,039,021 38,489,728 38% 510,327 48,30 39,670,912 46,738,317 46% 72,797,051 35,073,643 37,723,408 48% 72,797,051 35,073,643 31,723,408 48% 72,797,051 35,073,643 31,723,408 48% 72,797,051 35,073,643 31,723,408 48% 72,797,051 35,073,643 31,723,408 48%	5,956,274	
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13,042,685	1,307,646	EPSDT services seeing a trending decrease in FY2021. Utilization down by 33% 39% compared to prior fiscal year.
8,300,611 2,994,418 5,306,193 20,633,161 8,873,422 11,759,739 20,633,161 8,873,422 11,759,739 22,605,412 12,210,531 10,394,881 22,605,412 12,210,531 10,394,881 20,510,144 11,035,420 9,474,744 75,211,40 19,703,224 55,08,916 34,831,630 357,61,829 34,831,630 357,61,829 34,831,630 357,61,829 34,831,630 357,61,829 34,831,630 357,61,829 34,831,630 357,61,829 34,831,630 357,61,829 34,831,630 357,61,829 34,831,630 357,61,829 34,831,630 357,61,829 34,831,630 357,61,829 34,831,630 357,61,829 34,831,630 357,61,829 34,831,630 357,61,829 34,831,630 357,61,839 34,831,630 316,331,733,408 35,914,336 \$373,449,436 \$46,738,317 34,6806,993 100,439,990 316,337,308 35,773,403 317,723,408 35,773,434 \$175,184,545 \$408,828,728	7,444,891	
20,633,161 8,873,422 11,759,739 114,156,884 36,754,249 77,402,635 22,605,412 12,205,31 10,394,881 20,510,164 11,035,420 9,474,744 75,212,144 11,035,420 9,474,744 11,035,224 55,508,916 46,091,978 77,738,465 38,353,513 10,394,704 11,739,760 700,056 1,039,704 11,739,760 700,056 1,039,704 11,739,760 700,056 1,039,704 11,739,760 700,056 1,039,704 11,739,760 700,056 1,039,704 11,739,760 700,056 1,039,704 11,229,758 510,321 60,333 510,2275 613,397,749 20,039,021 34,898,728 86,409,229 39,670,912 46,738,317 416,806,993 100,439,990 316,3367,003 72,794,645 \$6,013,273 \$175,144,545 \$408,828,728	2,994,418	36%
5. 14,156,884 36,754,249 77,402,635 22,605,412 12,210,531 10,384,881 20,510,164 11,035,420 9,474,744 75,212,140 19,703,224 56,509,16 57,212,140 19,703,224 56,509,16 57,212,140 19,703,224 56,509,16 57,212,140 19,703,224 578,041,322 573,704,132 578,412,248,900 344,831,630 357,617,270 46,091,321 67,332,449,436 578,913,377 49 36,494,32 578,449,436 578,413,377 49 36,409,229 39,670,912 46,738,317 416,806,993 100,439,990 316,367,003 72,3408 172,797,051 35,073,643 377,23,408 172,797,051 35,073,643 377,23,408 172,797,051 35,073,643 377,734,645 \$400,828,728	8.873,422	43%
\$\begin{array}{c} \text{i} \text{14,156,884} \tag{36,754,249} \tag{77,402,635} \\ \text{22,605,412} \tag{12,210,531} \tag{10,394,881} \\ \text{20,510,164} \tag{11,035,420} \tag{474,744} \\ \text{75,212,140} \tag{11,035,420} \tag{5,508,916} \\ \text{5,379,803,761} \tag{5,3277,041,932} \tag{5,3102,761,829} \\ \text{5,377,041,932} \tag{5,317,041,932} \tag{5,3102,761,829} \\ \text{5,377,041,932} \tag{5,377,041,932} \tag{5,3102,761,829} \\ \text{5,1739,760} \tag{6,091,978} \tag{77,738,465} \tag{6,172,70} \\ \text{17,935,870} \tag{6,446} \tag{17,449,422} \\ \text{5,17,321,749} \tag{6,039,021} \tag{44,949,422} \tag{6,333} \tag{6,03,317} \\ \text{5,12,248,758} \tag{6,373,449,436} \tag{6,462,300} \\ \text{31,246,093} \tag{100,439,990} \tag{316,367,003} \\ \text{72,49,761} \tag{35,073,643} \tag{37,723,408} \\ \text{31,723,408} \tag{37,723,408} \tag{40,828,728} \\ \text{576,013,273} \tag{5,164,545} \tag{5,400,828,728} \\ \text{40,886,993} \tag{100,439,990} \tag{116,3217} \\ \text{40,828,728} \tag{40,828,728} \tag{10,828,728} \\ \text{40,886,993} \tag{100,439,990} \tag{100,439,990} \tag{10,828,728} \\ \text{40,828,728} \tag{10,828,728} \tag{10,828,728} \\ \text{576,013,273} \tag{115,144,545} \tag{10,828,728} \\ \text{40,828,728} \tag{10,828,728} \tag{10,828,728} \\ \text{576,013,273} \tag{10,8445} \tag{10,8445} \tag{10,8446} \tag{10,828,728} \\ \text{576,013,273} \tag{10,8449,445} 1	132,963,779	25%
22,605,412 12,10,531 10,394,881 20,510,164 11,035,420 9,474,744 775,212,140 11,035,420 9,474,744 775,212,140 19,703,224 55,508,916 6,379,803,761 \$ 3,277,041,932 \$ 3,102,761,829 7 702,448,900 344,831,630 357,617,270 700,056 1,033,704 17,895,513 70,986 17,394,769 20,039,021 34,898,728 712,249,768 373,449,436 \$ 462,464,900 36,409,229 38,670,912 46,738,317 416,806,993 100,439,990 316,367,003 72,997,051 35,073,643 \$ 400,828,728 8576,013,273 \$ 175,184,545 \$ 400,828,728 \$ 400,828,	36,754,249	32% Part D rate reduced due to FFCRA. Credit received in July for Prior QTRs
20,510,164 11,035,420 9,474,744 54% 54% 75,212,140 19,773,224 55,508,916 26% 8	12,210,531	54%
SN) 75,212,140 19,703,224 55,508,916 26% SN) 702,448,900 344,831,630 357,617,270 49% PHEC) 1,739,760 34,831,630 357,617,270 49% PHEC) 1,739,760 700,056 1,039,704 40% 17,395,770 86,448 17,849,422 0% 5 54,937,749 20,039,021 34,898,728 36% 5 6,337,449,758 47,483 12,202,275 0% 12,249,758 373,449,436 46,738,317 46% 86,409,229 39,670,912 46,738,317 46% 416,806,993 100,439,990 316,367,003 24% 72,793,408 48% 48% 48% 72,793,408 48% 400,328,728 30%	11,035,420	54%
\$\begin{array}{c c c c c c c c c c c c c c c c c c c	19,703,224	26% Budget alignment between Coordinated Care and FFS
702,448,900 344,831,630 357,617,270 49% 46,091,978 7,738,465 38,353,513 17% 54 1,739,780 700,056 1,039,704 40% 17,935,870 86,448 17,849,422 0% 1 54,937,749 20,039,021 34,898,728 36% 12,249,758 47,483 12,202,275 0% 1 86,409,229 33,670,912 46,738,317 46% 416,806,993 100,439,990 316,367,003 24% 72,797,051 35,073,645 \$ 400,828,728 30%	6,379,803,761 \$ 3,277,041,932 \$ 3,1	51%
Color Colo	344,831,630	49%
EC) 1,739,760 700,056 1,039,704 40% 17,935,870 86,448 17,849,422 0% 54,937,749 20,039,021 34,898,728 36% 510,321 6,333 503,988 1% 12,249,758 47,483 12,202,275 0% 86,409,229 373,449,436 467,464,900 45% 416,806,993 100,439,990 31,723,408 48% 72,797,051 35,073,643 400,828,728 30%	7,738,465	17% Spend weighted towards end of year
17,935,870 86,448 17,849,422 0% 54,937,749 20,039,021 34,898,728 36% 510,321 6,333 503,988 1% 12,249,758 47,483 12,202,275 0% 86,409,229 39,670,912 46,738,317 46% 72,797,051 35,073,643 31,723,408 48% 576,013,273 \$175,184,545 \$400,828,728 30%	700,056	
54,937,749 20,039,021 34,898,728 36% 510,321 6,333 503,988 1% 12,249,758 47,483 12,202,275 0% 835,914,336 373,449,436 462,464,900 45% 86,409,229 39,670,912 46,738,317 46% 416,806,993 100,439,990 31,723,408 48% 72,797,051 35,073,643 37,723,408 48% 576,013,273 175,184,545 400,828,728 30%	86,448	0% Timing of Supplemental Teaching Payments
510,321 6,333 503,888 1% 12,249,768 47,483 12,202,275 0% 835,914,336 373,449,436 462,464,900 45% 86,409,229 39,670,912 46,738,317 46% 72,797,051 35,073,643 37,723,408 48% 8 576,013,273 175,184,545 400,828,728 30%	20,039,021	36%
12,249,758	6,333	1% Timing of Supplemental Teaching Payments
\$ 835,914,336 \$ 373,449,436 \$ 462,464,900 45% 86,409,229 39,670,912 46,738,317 46% 72,797,051 35,073,643 37,723,408 48% 576,013,273 175,184,545 400,828,728 30%	47,483	0% Timing of Supplemental Teaching Payments
86,409,229 39,670,912 46,738,317 46% 416,806,993 100,439,990 316,367,003 24% 72,797,051 35,073,643 37,723,408 48% 576,013,273 \$ 175,184,545 \$ 400,828,728 30%	835,914,336 \$ 373,449,436 \$	45%
86,409,229 39,670,912 46,738,317 46% 416,806,993 100,439,990 316,367,003 24% 72,797,051 35,073,643 37,723,408 48% 576,013,273 175,184,545 \$ 400,828,728 30%		
416,806,993 100,439,990 316,367,003 24% 72,797,051 35,073,643 37,723,408 48% 576,013,273 175,184,545 400,828,728 30%	39,670,912	46%
72,797,051 35,073,643 37,723,408 48% \$ 576,013,273 175,184,545 400,828,728 30%	100,439,990	24% Contracts issued annually; spend weighted towards end of year
\$ 576,013,273 \$ 175,184,545 \$ 400,828,728	35,073,643	
	576,013,273 \$ 175,184,545	30%