

Dec. 29, 2017

PUBLIC NOTICE

Public Notice of Final Actions for Non-Emergency Medical Transportation (NEMT) Services Provided for Nursing Facility Residents

The South Carolina Department of Health and Human Services (SCDHHS), pursuant to the requirements of Section 1902(a)(13)(A) of the Social Security Act, gives notice of the following action regarding its methods and standards for setting payment rates for long term care facility services under the State Plan under Title XIX of the Social Security Act Medical Assistance Program (Medicaid).

The SCDHHS has decided to move the responsibility of the non-emergency medical transports applicable to SC Medicaid nursing facility residents from the NEMT Broker to the SC Medicaid contracting nursing facilities. Therefore, effective for services provided on or after January 1, 2018, the SCDHHS will amend the South Carolina Title XIX reimbursement methodology for long term care by reimbursing nursing facilities for non-emergency medical transports. To accomplish this task, the SCDHHS will calculate an individual NEMT per patient day add-on to add to each nursing facility's October 1, 2017 Medicaid reimbursement rate using calendar year 2016 transport data and SCDHHS determined NEMT transport rates.

The SCDHHS is implementing the above action in order to address the NEMT escort related industry concerns and provide nursing facilities with funding to cover the cost of the new NEMT transport requirement.

As a result of the action relating to the Medicaid reimbursement methodology change for nursing facilities effective for services provided on or after January 1, 2018, the weighted average rate is projected to be \$177.25. The weighted average October 1, 2017 rate was \$176.29. This represents a weighted average per diem increase of \$.96 per patient day, or a .54% increase.

The SCDHHS projects that based upon the action, annual aggregate Medicaid nursing facility expenditures will increase by approximately \$3,761,000 total dollars including Medicaid days paid while the resident is under the Hospice benefit. However, due to the savings to be realized from the NEMT Broker's inability to provide NEMT services to nursing facility residents, the net increase in SCDHHS annual Medicaid expenditures is projected to be approximately \$505,000 total dollars.

Copies of this notice are available at each County Department of Health and Human Services Office and at www.scdhhs.gov for public review. Additional information concerning this action is available upon request at the address cited below.

Any written comments submitted may be reviewed by the public at the SCDHHS, Division of Long Term Care Reimbursements, Room 1219, 1801 Main Street, Columbia, South Carolina, Monday through Friday between the hours of 9:00 A.M. and 5:00 P.M.

Joshua D. Baker
Interim Director
South Carolina Department of Health and Human Services

Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCDHHS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Janet Bell, ADA and Civil Rights Official, by mail at: PO Box 8206, Columbia, SC 29202-8206; by phone at: 1-888-549-0820 (TTY: 1-888-842-3620); or by email at: civilrights@scdhhs.gov.

If you believe that SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368- 1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-888-549-0820 (TTY: 1-888-842-3620).

si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-549-0820 (TTY: 1-888-842-3620).

إذا كانت لغتك الأساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجاناً. اتصل على الرقم:

888-549-0280 (رقم هاتف الصم والبكم 1-888-842-3620)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-549-0820 (TTY: 1-888-842-3620).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-549-0820 (телетайп: 1-888-842-3620).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-549-0820 (TTY: 1-888-842-3620).

Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-888-549-0820 (TTY : 1-888-842-3620)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-549-0820 (TTY: 1-888-842-3620)

Falam tawng thiam tu na si le tawng let nak asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in na ko thei.

धयद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-888-549-0820 (TTY: 1-888-842- 3620) पर कॉल कर।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-549-0820 (TTY: 1-888-842-3620)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-549-0820 (ATS : 888-842-3620).

နမူကတိကညီ ကျိအလိ, နမူနီ ကျိအတိမၤစၢလၢ တလၢ်ဘျၢ်လၢ်စ့ၤ နိတမံၤဘျၢ်သ့န့ၢ်လိၤ. ကိ: 888-549-0820 (TTY: 888-842-3620)

ማስታወቂያ: የሚናገሩት ቋንቋ ካሚርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ፡ 1-888-549-0820 (መስማት ስተሳናቸው፡ 1-888-842-3620)።

အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ငဲ့အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် သို့ ခေါ်ဆိုပါ။