



Summary of the Public Meeting and Comments for the Renewal of the Medicaid Head and Spinal Cord Injury Waiver Program

On January 31, 2013, the South Carolina Department of Health and Human Services (SCDHHS) held a public meeting with the South Carolina Department of Disabilities and Special Needs (SCDDSN) in Columbia, South Carolina. The meeting was to provide information about the State's intent to request a five-year renewal of the Head and Spinal Cord Injury (HASCI) home and community-based waiver program, and the opportunity for the public to comment and provide input on the State's proposal. This meeting was in addition to the SCDHHS Medical Care Advisory Committee meeting where the State's proposal for the renewal was also presented and comments received. The public was provided the proposed information prior to the meeting, and was also provided the opportunity to submit comments through the mail and/or e-mail.

HASCI Waiver Renewal Proposal

The federal authority to operate the HASCI waiver program expires June 30, 2013. The State is proposing to renew the program for an additional five-year period (2013-2018) with the following changes:

- Unbundle the current Medical Supplies, Equipment and Assistive Technology waiver service into two separate services;
 - a) Supplies, Equipment and Assistive Technology to remain as a waiver service; and
 - b) Incontinence Supplies to be added as a new waiver service for adults age 21 and over. Individuals under the age of 21 will receive incontinence supplies through the state plan.
- Removal of the following waiver services*:
 - Peer Guidance for Consumer-Directed Care
 - Health Education for Consumer-Directed Care
 - Supported Employment

*(*Note: In response to the public comments received, the State will not delete these services from the waiver program)*
- Revisions to Quality Assurance Sections to include additional performance measures as recommended by Centers for Medicare & Medicaid Services (CMS).
- Minor changes include grammar, punctuation, spelling, service titles and definition clarifications.

Summary of comments and clarifications

I. Services

a. Peer guidance, health education, and supported employment services

- There is a need for HASCI waiver applicants and participants to be educated on the peer guidance and health education consumer-directed services.
- There is a need for service coordination staff to be responsible for explaining waiver services and being more aware of how these services may benefit a HASCI consumer.
- HASCI waiver participants seeking supported employment services may be better served through the SC Department of Vocational Rehabilitation than receiving the employment service as a waiver service from DDSN.
- DHHS will implement consumer surveys as a way to determine if HASCI waiver consumers understand their choices in the waiver service package.

b. Incontinence supplies

- Providers of Medicaid incontinence supplies must offer consumers a product that meets the state's minimum standards, and waiver participants may choose from among any qualified provider.
- The change to make incontinence supplies a separate waiver service will not affect the current Medicaid reimbursement rates.
- There is incredible waste going on with incontinence supplies; the state should be able to purchase the supplies cheaper; pharmacy providers are marking up the price for the products; and one of the products explodes.
- The state should consider centralizing procurement and distribution of incontinence supplies.
- The state should consider using a Medicaid debit card for consumers to access incontinence supplies.

c. Case management*

*(*Note: Waiver case management will be added as a waiver service in the near future, but it will not be part of this renewal proposal)*

- The public notice should have included case management as an issue.
- The current case management process is not working well, and the service should be established as a separate service and provided by independent providers, rather than the agencies providing direct care services.
- Caseworkers are in direct conflict with the people they are charged to serve as they are caught between the client who they advocate for and SCDDSN who employs them. Case management should be removed from this arrangement.
- All case management services under each of the waiver programs (ID/RD, HASCI, CS, and PDD) should be taken out of the hands of SCDDSN for the simple reason that they are in control of the purse strings on both ends.
- Case management is a vital service and needs to be adequately funded. The State should not cut funding as it would increase the caseload and cause a lapse in service.
- Add service coordination, case management, or care coordination as a waiver service.
- I support my HASCI service coordinator and do not want service coordination to end due to funding issues.
- As a previous case manager, I know how important the waiver is to family and consumers.
- In consultation with the Centers for Medicare and Medicaid Services, the state plans to add case management as a service in the HASCI waiver.

d. Other services

- The state should consider adding pest control and dental care as HASCI waiver services.
- The current respite care reimbursement rate needs to be increased.
- The current limits placed on the number of respite care hours that can be authorized needs to be revised and additional hours permitted.
- The state should reimburse lost income to family members who are paid caregivers for the patient as a result of paid care hour cuts.
- Responsible family caregivers who direct care for their relatives should have a monetary increase.

- My son's services are going well so do not reduce services.
- There should be a case-by-case approach to cuts especially for those who go the extra yard for their kin and not be penalized across the board due to state budget cuts.
- The "Attendant Care/Personal Assistance" service in the HASCI waiver provides support of personal care and activities of daily living to address the assessed needs of a medically stable individual with physical and/or cognitive impairments.
- The "Medicaid Waiver Nursing" service in the HASCI waiver provides licensed nursing care to an individual with skilled nursing needs.
- The "Psychological" and the "Behavior Support" services in the HASCI waiver are separate and distinct services from each other.

II. Other concerns

- The technical changes in the renewal proposal are minor changes that include grammar, punctuation, spelling, service name titles and definition clarifications.
- It is hard to find changes on the SCDHHS website.
- The amount of time for public discussion was inadequate.
- The general public and the affected consumers need to be better informed and in a timely manner concerning proposed changes to the waiver programs.
- SCDHHS announced and provided 60 days to seek public input before submission of the renewal document.
- Essentially, people who are advocating for SCDHHS to add services to the waiver may not understand that given budget constraints this may leave individuals on the waiting list longer.
- Keep field offices fully staffed to meet the needs of the consumer.
- Medicaid plays a vital role for brain and spine injury survivors. This program allows survivors to continue their recovery, hope, perseverance and support with these core services. It is important that our elected representatives support this renewal.
- South Carolina legislation and funding have a direct effect on the number of people that can be served in the waiver programs. SCDHHS and SCDDSN are committed to providing care to people with disabilities, and work within the budget constraints and allocated funding.
- SCDDSN has allocated an amount of funding for new slots for the HASCI waiver, and utilizes a waiting list policy to give priority consideration to those identified with the most critical needs.
- Persons waiting to be enrolled on the HASCI waiver are monitored by a HASCI service coordinator and assisted with accessing other available resources. Many on the waiting list may qualify for Medicaid and can access those services through state plan or other waiver programs.
- There are many quality assurance performance measures included throughout the waiver document. There are no quality assurance measures that will affect or eliminate specific incontinence products.
- The quality assurance performance measures in the waiver document do not include the Supports Intensity Scale.