

**Medical Care Advisory Committee
Nov. 8, 2022, Meeting Minutes**

Present

Graham Adams
John Barber
Sue Berkowitz
Maggie Cash
Dr. Michelle Fry
Dr. Thompson Gailey
Amy Holbert
Tysha Holmes
Bill Lindsey
Melanie Matney
Tricia Richardson
Rebekah Spannagel
Dr. Kevin Wessinger
Amanda Whittle

Not Present

Dr. Amy Crockett
Chief Bill Harris
Mike Leach
JT McLawhorn
Dr. Kashyap Patel
Loren Rials
Dr. Jennifer Root
Dr. Keith Shealy
Lathran Woodard

Director's Welcome

Director Robby Kerr welcomed the Medical Care Advisory Committee (MCAC) members and thanked them for their participation. He said the agency has submitted the fiscal year (FY) 2023 budget request, approximately \$200 million, and will present to the legislature in January.

Medicaid Enrollment

Deputy Director of Eligibility, Enrollment and Member Services (EEMS) Nicole Mitchell Threatt presented an update on Medicaid enrollment. EEMS Chief of Policy and Process Lori Risk provided an update on steps the agency is taking to prepare for annual eligibility reviews at the eventual end of the federal COVID-19 public health emergency (PHE).

The following questions were asked.

1. Is the website in English and Spanish?
 - a. The agency responded the website has text in Spanish and many of the materials are translated into Spanish. The agency added that it will continue to include information in Spanish on the annual reviews website and translate forms and additional materials into Spanish.
2. Do you have someone that can go out to Spanish speaking populations?

- a. The agency responded by asking individuals to reach out to the SCDHHS communications team if there is a specific group or organization they want the agency to reach out to and present to on the PHE and the annual review process. Email AnnualReviews@scdhhs.gov to make this request.
3. How is the texting going? Is the text campaign assisting with getting updated contact information?
 - a. The agency responded that the text campaign has not started yet. The agency is working with a third-party vendor to launch a texting campaign to begin once an end date for the PHE is announced.
4. Have you thought about reaching out to members now about updating their contact information as part of the text message campaign? With the current eviction crisis in the state, people are transient.
 - a. The agency responded that its current plan and contract with the vendor will launch the text campaign with the start of the unwinding process when the PHE end date is announced but that it will take recommendations to move the start of the campaign up under consideration.

Advisements

Advisement: Nursing Facility Rate Update Effective

An overview of the advisement was provided by Chief of Reimbursements Jeff Saxon.

There were no questions or comments.

Advisement: FFY 2023 DSH Payment Methodology Update and 2023 Swing Bed/Administrative Day Rate Update

An overview of the advisement was provided by Jeff Saxon.

There were no questions or comments.

Advisement: Vagus Nerve Stimulation Rate Increase

An overview of the advisement was provided by Chief of Policy Margaret Alewine.

There were no questions or comments.

Advisement: Dental Rates

An overview of the advisement was provided by Margaret Alewine.

Durable Medical Equipment (DME) Coverage Updates

Margaret Alewine provided an overview of changes to the agency's DME benefits.

The following question(s)/comment(s) were provided:

1. We hear a lot of complaints about DME being denied or not available through the managed care organizations (MCOs). Will MCO contracts be immediately updated to reflect the DME change?
 - a. The agency responded that its managed care team is coordinating with the MCO health plans to implement a phased approach. This approach will allow the agency to review the fee-for-service side to check for any impacts. If members receive denials, they can request a fair hearing to appeal these denials.
2. You talk about fair hearings, but people often get stuck at the MCO denial. Will you monitor MCO encounter data to see what is being turned down in case something should have gone through?
 - a. The agency responded that efforts are still in process to enhance reviews of encounter data.

Hemophilia Factor Transition

Director of Pharmacy Cheryl Anderson provided an update on the transition of the Hemophilia Factor program from the South Carolina Department of Health and Environmental Control (DHEC) to the SCDHHS fee-for-service pharmacy benefit.

Quality Update

Chief of Quality Jordan Desai provided an overview of the recent health plan ratings and the agency's quality goals.

The following question(s)/comment(s) were provided:

1. Can we pull the data for federally qualified health centers (FQHCs)?
 - a. The agency responded that yes, it should be able to pull the data by location and population.
2. Are the slides available?
 - a. The agency responded by stating the MCAC slides are posted on the agency's website as part of the [MCAC packet](#) for the meeting.

Closing

The meeting was closed by thanking attendees for their participation. The next MCAC meeting date is Feb. 14, 2023.

Thank you for participating in the
Medical Care Advisory Committee.

The meeting will begin shortly.

Medical Care Advisory Committee (MCAC)

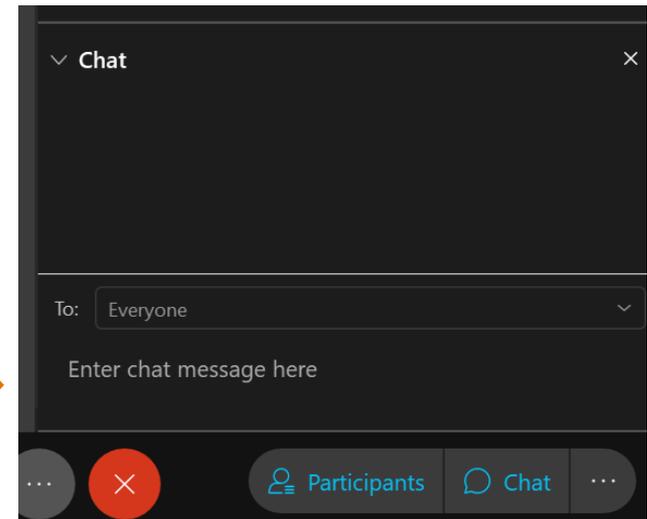
Feb. 14, 2023

**The meeting will begin shortly.
Microphones are muted.**

**Thank you for participating in the
MCAC meeting.**

Meeting Logistics

- Attendee lines will be muted for the duration of the webinar to minimize disruption
- MCAC members are welcome to comment or ask questions throughout the meeting
- All other attendees who wish to comment or ask questions should do so during the specified public comment periods
- Use the chat feature in Webex



Director's Welcome

Robby Kerr, Director

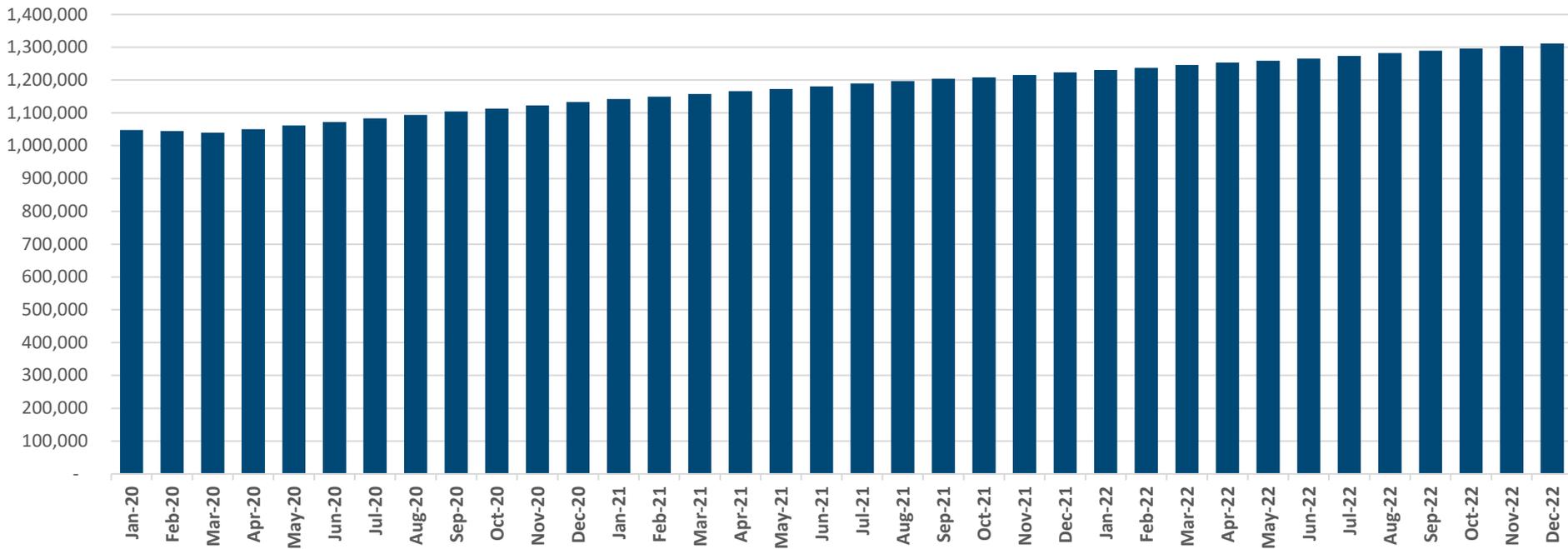
Medicaid Enrollment

Nicole Mitchell Threatt, Deputy Director
Eligibility, Enrollment and Member Services

Lori Risk, Chief of Eligibility Policy

Full-benefit Membership

(as of Dec. 31, 2022)

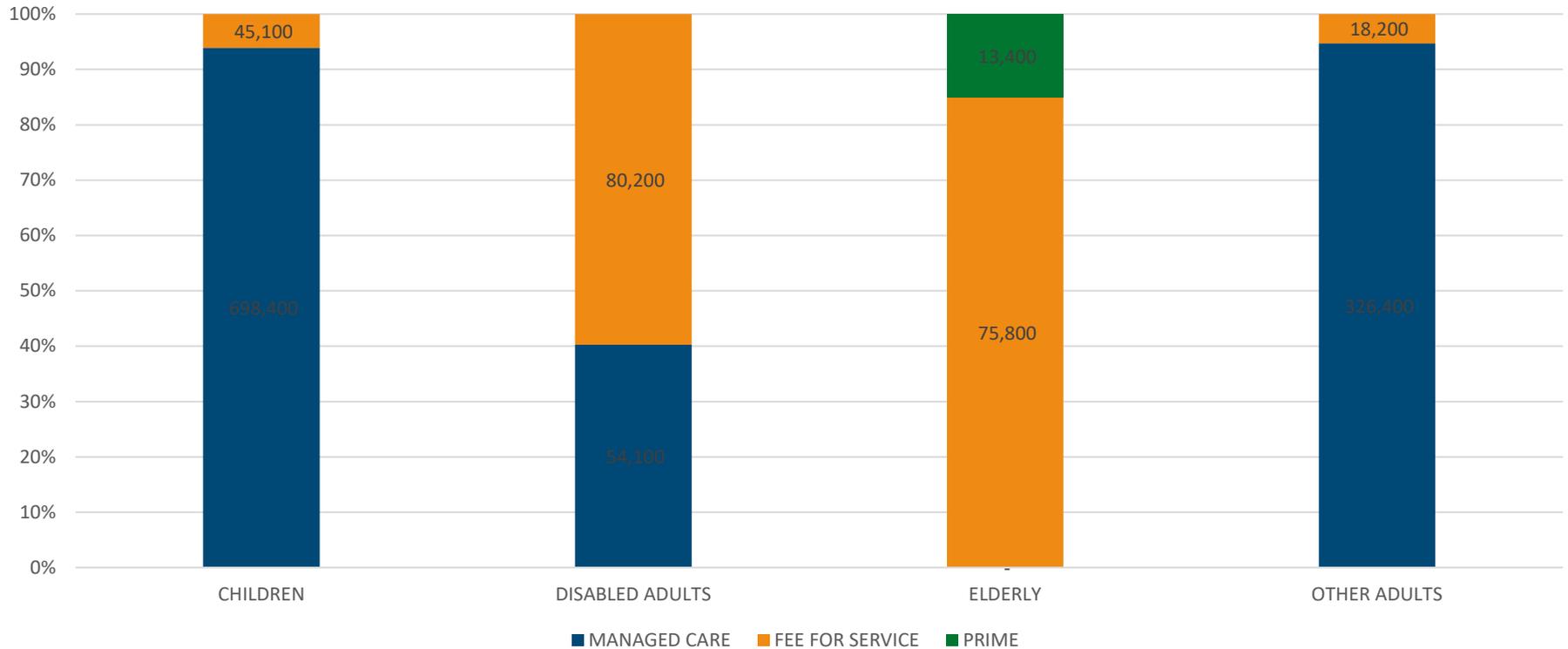


During the public health emergency (PHE), full-benefit membership has increased to approximately 1.3 million.



Full-benefit Membership by Population

(as of Dec. 31, 2022)



Redeterminations

Agency Goals:

- Promote continuity of coverage for eligible individuals
- Minimize administrative burdens on members
- Limit delays in redetermination processing
- Distribute redeterminations to have a balanced workload for the unwinding period, as well as subsequent years
- Ensure people who are eligible for Medicaid remain covered

Key Dates and Activities

- **Dec. 29, 2022**
 - Consolidated Appropriations Act (CAA) signed
 - Decoupled continuous enrollment requirement from PHE end date
- **Feb. 15, 2023**
 - Renewal redistribution plan; Systems readiness artifacts (testing and configuration plans and results) due to Centers for Medicare and Medicaid Services (CMS)
- **March 31, 2023**
 - Continuous enrollment requirement expires
- **April 1, 2023**
 - Standard annual eligibility redeterminations resume
- **April 8, 2023**
 - Baseline reporting due to CMS
- **May 11, 2023**
 - Federal PHE end date

Review Process

- February: Agency will send pre-review notices for members who are scheduled for redetermination in April. Each month during the unwinding period, notices will be sent approximately 30 days before a member is scheduled for redetermination
- April 1: First reviews initiated
- First week of April: First Continuation of Benefits notices and annual review forms mailed, text messaging begins
- June 1: First closures for failure to return review forms
- Each month:
 - Monthly, electronic data will be used as much as possible to confirm continued eligibility
 - Review forms will be sent approximately 60 days ahead of the redetermination date to members for whom eligibility cannot be confirmed with electronic data
 - Members who do not return completed review forms within 30 days will receive a notice to let them know their Medicaid coverage will end if they do not return the form by the due date

Distribution

- Distributed across a 12-month period
- States have 12 months to initiate redeterminations and 14 months to complete the work
- Distribution will begin with groups likely no longer eligible or no longer eligible in current category
- Ex parte renewals likely limited in first few months, with most members requiring a review form be sent
- Remainder will be distributed across the 12 months

Communications Plan

- Communications resources and materials

- www.scdhhs.gov/annualreview
- [WS](#)
- Healthy Connections Medicaid member newsletter
- Press releases
- Member fact sheet
- Provider fact sheet
- Community events
- Web articles
- Partner FAQs

- Communications channels

- Direct outreach
 - Mail
 - Email
 - Text messages
- Earned media
- Social media
- Community-based organizations
- Managed care organizations
- Providers
- Other state agencies

Outreach

- Presentations- agency, interagency, providers, community partners
 - Email: AnnualReviews@scdhhs.gov
- Healthy Connections Medicaid members who have moved in the last few years should make sure their address and contact information are up to date so that we can reach them
- Change of address and contact information:
 - Online: <https://apply.scdhhs.gov>
 - By phone: Call (888) 549-0820 Monday through Friday from 8 a.m. to 6 p.m.
 - Visit your [local eligibility office](#)
- Earned media
- Annual review pre-mailings
- Text messages
- MCO and community partner outreach



Are you a Healthy Connections Medicaid member?
Have you moved?

Let us know!

Make sure your mailing and home **address**, **contact information** and other **household details** are up to date so we can reach you about any changes in your Medicaid.

Change your address online at <https://apply.scdhhs.gov>.

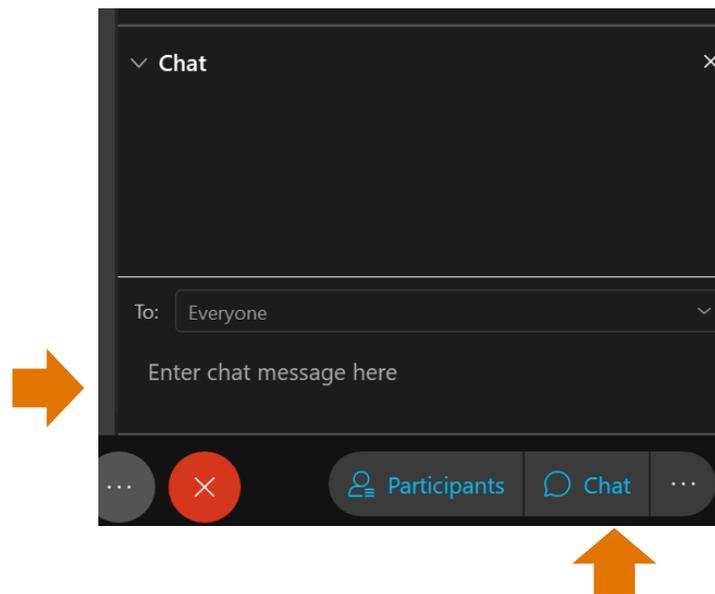
Call (888) 549-0820
Monday through Friday from 8 a.m. to 6 p.m.

Visit your local eligibility office.

Healthy Connections MEDICAID
Revised August 2022

Public Comment

MCAC members and all other attendees who wish to comment, please use the chat feature now.



Head and Spinal Cord Injury Waiver Renewal (HASCI) SC.0284

Margaret Alewine
Bureau Chief, Policy

Agenda

- Overview of HASCI (SC.0284) home and community-based services (HCBS) waiver
- Proposed changes
- Q&A

HASCI Overview

- Established in 1995
- Serves Medicaid-eligible participants, of all ages, with a level of care consistent with individuals with a diagnosis of traumatic brain injury, spinal cord injury or similar disability or an intellectual disability/related disability, who are at-risk of institutionalization
- Current census: **1041***

**Census current as of January 2023*

HASCI Service Overview

- Adult day care
- Adult day care nursing
- Attendant care/personal assistance*
- Case management
- Employment services
- Environmental modifications
- Residential habilitation
- Incontinence supplies
- Nursing services*
- Speech and hearing
- Psychological services
- Personal emergency response system
- Pest control
- Independent living skills
- Behavior support
- Career preparation
- Day activity
- Respite care*
- Specialized medical equipment and supplies/consultation to include remote supports
- Private vehicle modifications/consultation
- Occupational therapy
- Physical therapy
- Health education for participant-directed care
- Peer guidance for participant-directed care

**Service impacted by current renewal*

Proposed Changes

- Allow any primary caregiver that is not a legally responsible adult to provide self-directed services
- Create consolidated nursing service to allow more flexibility in service coverage
- Remove age limit from eligibility criteria
- Increase the number of available slots
- Increase reserved capacity numbers
- Update Quality Performance Measures
- Update Appendix I
- Update rates and cost projections in Appendix J

Budgetary Impact and Effective Date

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.

Effective Date:

- On or after July 1, 2023, or upon CMS approval

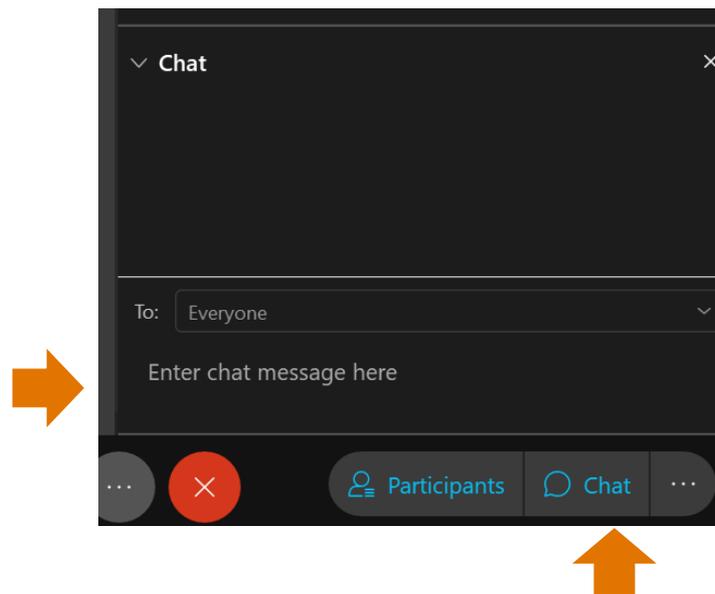
Proposed Changes

- Waiver renewal document review:
 - **Online:** www.scdhhs.gov
 - Under “Public Notice” and “Waiver” sections
 - **Hard copy:** SCDHHS Central Office and Community Long Term Care Regional Offices
- Submission of written comments/questions:
 - **Email:** Comments@scdhhs.gov
 - **Mail:** Office of Health Programs
Attn: Russell Morrison
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8203

**Deadline For Comments
March 2, 2023**

Public Comment

MCAC members and all other attendees who wish to comment, please use the chat feature now.



1915(c) HCBS Waiver Amendments

Margaret Alewine
Bureau Chief, Policy

1915(c) HCBS Waiver Amendments

- SCDHHS intends to file waiver amendments with CMS for the following 1915(c) waivers operated through the Office of Waiver and Facility Services
 - HIV/AIDS (SC.0186)
 - Community Choices (SC.0405)
 - Mechanical Ventilator Dependent (SC.40181)
 - Intellectual Disability/Related Disabilities (SC.0237)
 - Community Supports (SC.0676)
 - Medically Complex Children (MCC) (SC.0675)
 - Proposed changes to the MCC waiver are limited to the nurse care coordination service and cost projection updates
- The purpose of the amendments is to consolidate services, providing a more cohesive and streamlined service array, and update cost projections to incorporate rate actions

1915(c) HCBS Waiver Changes

- Collapse registered nurse (RN) and licensed practical nurse (LPN) nursing services into one nursing service entitled “Medicaid nursing.” This change will impact the enhanced nursing service for the children as well.
 - Revise service definitions
 - Revise provider qualifications
- Collapse personal care I and personal care II services into one personal care service entitled “personal care.”
 - Revise service definitions
 - Revise provider qualifications

1915(c) HCBS Waiver Changes *(cont'd)*

- Revise other state policies concerning payment for waiver services furnished by primary/family caregivers
 - For self-directed services only, primary/family caregivers that are not legally responsible adults may be paid for providing the following services:
 - Attendant care
 - Personal care-self directed
 - Companion-individual
 - In-home supports
 - In home respite – self directed
- Update participant-direction opportunities
 - Added a self-directed option to the personal care service

1915(c) HCBS Waiver Changes *(cont'd)*

- Incorporate rate increases into cost projections. Appendix J will be updated to reflect new rates and service structure.
 - Case management
 - Medicaid nursing
 - Personal care
 - In-home respite
 - Attendant care
 - In-home supports

1915(c) HCBS Waiver Changes *(cont'd)*

- For Community Supports waiver only, evaluation of the individual cost limit in Appendix B
- SCDHHS proposes the following change to the MCC waiver:
 - Revise care coordination service definition and provider qualifications to remove the RN credential from the title the service title resulting in a new title, “Nurse Care Coordination.” RNs and LPNs under the supervision of an RN will provide the nurse care coordination service.

Budgetary Impact and Effective Date

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.

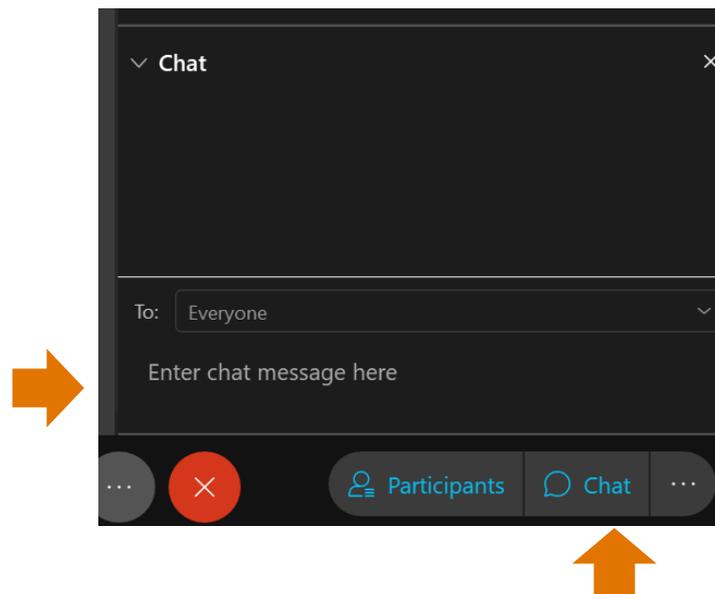
Effective Date:

- On or after July 1, 2023, or upon CMS approval

Deadline For Comments
March 8, 2023

Public Comment

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Advisement: Nursing and Children's Personal Care

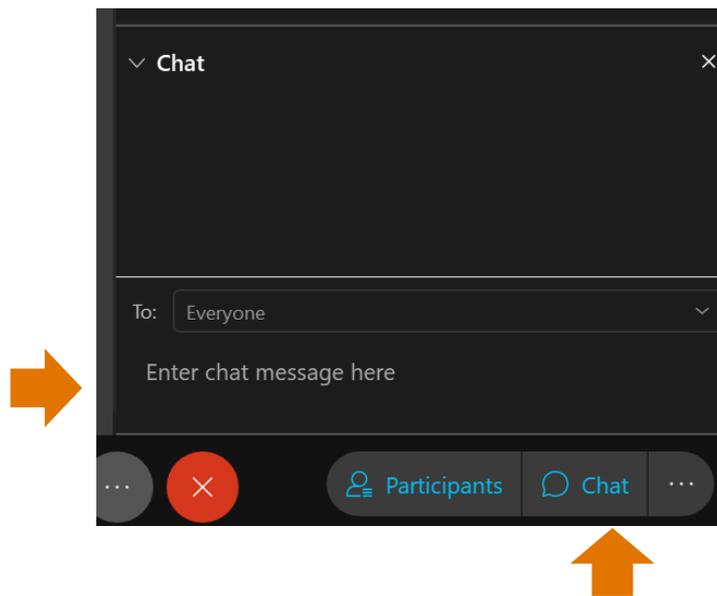
Margaret Alewine
Bureau Chief, Policy

State Plan Amendments

- SCDHHS will amend the South Carolina Title XIX State Plan to increase rates for the following services:
 - Children's personal care
 - Current rate: \$19.40/hr.
 - New rate: \$25/hr.
 - Anticipated budget impact: \$20.3 million per year in total dollars
 - Enhanced nursing, LPN
 - Current rate: \$35/hr.
 - New rate: \$38/hr.
 - Anticipated budget impact: \$2.3 million per year in total dollars
- Rates will be effective for services on or after Jan. 1, 2023
- The rate increase is being made to enhance the network of providers rendering services to members enrolled in the South Carolina Healthy Connections Medicaid program

Public Comment

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End of PHE Bulletin Recap

Margaret Alewine
Bureau Chief, Policy

End of PHE Bulletin Recap

- Update on flexibilities issued to nursing facilities
 - Upon expiration of federal PHE:
 - COVID-19 testing resources provided through partnership with the Medical University of South Carolina's Medical University Hospital Authority will no longer be available
 - CMS will reinstate requirement for three-day prior hospitalization (qualifying hospital stay) for coverage of a skilled nursing facility stay
 - SCDHHS will apply the standard level of care policy for all members and providers should resume following procedures for SCDHHS Form 181

End of PHE Bulletin Recap *(cont'd)*

- Update on flexibilities issued during PHE
 - Changes being made **permanent**
 - Application of caries arresting medicament
 - For full-benefit Medicaid members, COVID-19 testing will continue to be covered, without cost-sharing
 - Changes **extended for one-year** beyond the COVID-19 Federal PHE
 - Coverage of COVID-19 vaccination without cost-sharing consistent with CMS Medicare Part B coverage
 - Suspension of annual limit for ambulatory care visits
 - Waiver of co-pays for evaluation and management (E/M) codes

End of PHE Bulletin Recap *(cont'd)*

- Update on flexibilities issued during PHE
 - **The following requirements will be reinstated at the end of the PHE:**
 - Pharmacy early refill benefit
 - Requirement for direct supervision for care delivered in infusion centers
 - Timeframe for submitting additional documentation for prior authorization (reverts back to two days)
 - Durable medical equipment (DME)
 - Limits of oxygen therapy coverage
 - Requirements for portable oxygen systems
 - Prior authorization requirements and quantity limits for oxygen therapy, positive airway pressure devices, respiratory assist devices, ventilators, suction devices, nebulizers and related supplies

End of PHE Bulletin Recap *(cont'd)*

- Update on flexibilities issued during PHE
 - **The following requirements will be reinstated at the end of the PHE:**
 - Duration and timeliness standards for services, recurring medical supplies or DME rentals
 - Place of service edits related to DME items provided and delivered to hospitalized individuals who do not meet standards of medical necessity
 - Requirements for Medicaid Certificates of Medical Necessity for oxygen, enteral nutrition, parenteral nutrition and medical equipment
 - Member signature requirements for proof of delivery
 - Application of caries arresting medicament no longer a covered service for members 21 years of age or older

End of PHE Bulletin Recap *(cont'd)*

- Update on flexibilities issued during PHE
 - Expiring at end of PHE
 - COVID-19 Limited Benefit Coverage Group

End of PHE Telehealth Bulletin Recap

- Reminder on telehealth flexibilities issued during PHE
 - Flexibilities being made permanent
 - Patient home as referring site – for all services approved to be delivered via telehealth (clarification on this offered in MB# 23-008)
 - Flexibilities extended for further evaluation
 - FQHC/RHC services rendered through telehealth per MB #20-004
 - Codes for services per MB #22-005
 - Audio-only telephonic services
 - Behavioral health
 - Applied Behavior Analysis
 - Developmental Evaluation Center Screenings
 - Addiction and recovery-related services
 - Therapy services
 - Services for BabyNet enrolled children
 - Child well-care and Early and Periodic Screening, Diagnostic and Treatment visits

End of PHE Telehealth Bulletin Recap *(cont'd)*

- Update on telehealth flexibilities issued during PHE
 - Flexibilities that will expire at end of PHE
 - Audio only encounter CPT codes 98966-98968 and 99441-99443 for medication-assisted treatment, occupational, physical and speech therapy providers
 - Behavior modification
 - Psychosocial rehabilitation service (individual)
 - Family support

Closing Comments

- Future meetings will be held virtually for the foreseeable future

