

**Medical Care Advisory Committee (MCAC)
May 5, 2015
10:00AM-12:00PM**

- I. Welcome by Agency Director
- II. Advisements
 - Autism Disorder Services
Peter Liggett, Deputy Director, Office of Long Term and Behavioral Health Services
 - Enhanced Prenatal & Postpartum Home Visitation Services
Erica Brown, Project Manager, Project Management Office
 - Community Long Term Care Waiver Amendments for Healthy Connections Prime Phase II
Teeshla Curtis, Program Manager, Office of Health Programs
- III. SCDHHS Deputy Updates
 - Beth Hutto, Deputy Director, Office of Eligibility, Enrollment, and Member Services
 - ACCESS
 - Trends in Enrollment
 - Janina Johnson, Interim PMO Director, Project Management Office
 - ICD-10 Readiness
 - Adriana Day, Deputy Director, Office of Finance and Administration
 - Year to Date 2015 Budget
- IV. Public Comment
- V. Closing Comments
- VI. Adjournment

**Medical Care Advisory Committee
March 17, 2015 Meeting Minutes**

Present

John Barber
Sue Berkowitz
William Bilton
Richard D'Alberto
Dr. Tom Gailey
Lea Kerrison
Bill Lindsey
Melanie Matney
Dr. Amy Picklesimer
Gloria Prevost

Not Present

Dr. Charles Darby
Diane Flashnick
Dr. Greta Harper
Chief Bill Harris
J.T. McLawhorn
Dr. Kashyap Patel
Crystal Ray
Timothy Stuart
Nathan Todd
Rhonda L. Johnson-White Ph.D
Dr. Lynn Wilson
Lathran Woodard

The Director welcomed members and explained that the February meeting was pushed back until today because of a conflict in schedule.

Valeria Williams (Program Manager, Office of Health Programs) presented on the advisement regarding Physician Assistants effective July 1, 2015. There were no questions regarding this advisement. She also presented on the advisement regarding Child Abuse Pediatricians effective on or after January 1, 2015. There was a question asking if the enhanced rates would cover the Child Advocacy Centers (CACs) that work in the regional centers. Valeria stated SCDHHS already has a program that provides codes and rates for this service.

Janet Bell, (Interim ADA/Civil Rights Coordinator, Civil Rights Division) presented on the advisement regarding the Nondiscrimination Portion of the State Plan effective July 1, 2015. There were no questions regarding this advisement.

Peter Liggett (Deputy Director, Office of Long Term and Behavioral Health Services) presented on the advisement regarding Eating Disorder Services effective July 1, 2015. There were no questions regarding this advisement.

Beth Hutto (Deputy Director, Office of Eligibility Enrollment and Member Services) gave an update on ACCESS, Trends in Medicaid Enrollment and Children's Health Insurance Program (CHIP). Members wanted to know the extent of the backlog. Beth stated the backlog has been growing since November and that the agency is still analyzing its data and various reporting systems to determine the extent of the backlog. Member asked if there was a backlog with account transfer cases and Beth answered yes. Beth stated if an individual has an urgent case, please contact the Member Relations team so that

SCDHHS can work through urgent cases on an expedited bases. The Director stated review letters were held back to allow data matching to take place to retain enrollees and to work with the plans. The review forms are more complex due to ACA requirements that base eligibility on tax filer status. The more complicated review form means that fewer review forms are being returned. Member wanted more discussion on getting more information to the beneficiaries about the process. Another Member wanted more discussion about the level of involvement plans can have with their members to assist them with completing the review forms, specifically can the plans have contact with members after their Medicaid case has been closed/denied. The director stated further discussion will be had on this matter. Member wanted to know how they could help keep the CHIP program. The Director stated SCDHHS sent a letter to a committee expressing the need for this program in which a lot of states have done. Beth stated she would share a copy of this letter with interested MCAC Members.

Kevin Bonds (Program Manager, Office of Health Programs) gave an update on Healthy Outcomes Plan (HOP). There were questions regarding the future of this program. The Director stated this is in current budget and this program provides better access. Member asked if a migrant worker would qualify for this program. To qualify an individual has to meet HOP guidelines. The guidelines do not exclude undocumented workers. Member stated there are some trust issues with this community. Kevin stated the HOP coordinator can help navigate them to the right sources.

Stephen Boucher (Program Manager, Office of Health Programs) gave an update on Adult Preventive Dental. Member asked for a chart that shows steady increase of services utilized. Stephen stated he would have this information available for the August MCAC meeting. Stephen introduced Mr. John Simkovich as the new Dental Director. There were no other questions.

Bryan Amick (Program Manager, Office of Health Programs) gave an update on the Co-Pay Tier State Plan Amendment. Bryan stated prescription limits were put in place a year ago and phase two was to relieve co-pays. Effective July 1, 2015, SCDHHS will remove any co-payment requirements for Diabetic and Behavioral health drugs. The MCO plans are already doing this so this will bring Fee-For-Service up to date with the MCO plans. Member asked how this would be rolled out to other folks. Bryan stated drug classification is very difficult to work through but SCDHHS will have to operationalize this.

Kelly Eifert (Project Manager, Office of Long Term and Behavioral Health Services) gave an update on the Home and Community-Based Services (HCBS) Statewide Transition Plan. There were no questions regarding this update.

Teeshla Curtis, (Program Manager, Office of Health Programs) gave an update on PRIME. There were no questions regarding this update.

Adriana Day (Deputy Director, Office of Finance and Administration) gave an update on the fiscal year 2015 year to date budget. There were no questions regarding this update. Member asked why Family Planning is less than what was anticipated. Adriana stated there has been low utilization in Check-Up. Member asked if the low enrollment is an issue on the provider side. Emma Husby stated that the traditional family planning services in check-up have steady utilization but the new enhanced screenings are experiencing low utilization which may be a result of accessibility issues and provider concern.

Meeting Adjourned

Next Meeting scheduled for May 5, 2015 10:00 a.m. to 12:00 p.m.

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

PREPARED BY: Lara Sheehi, Psy.D.

PRESENTED BY: Ann-Marie Dwyer/Pete Liggett

DATE: 03/17/2015

SUBJECT: Autism Disorder Services

OBJECTIVE: To add Autism Disorder Services to the State Plan

BACKGROUND: CMS issued guidance to States in July 2014 mandating coverage for autism disorder in State plans. Currently, the state plan covers only ancillary components of autism disorder services, e.g., speech therapy, occupational therapy, physical therapy. Formal autism disorder services are currently covered via the Pervasive Developmental Disorder (PDD) Waiver. There are 668 beneficiaries enrolled in the PDD waiver and 1,451 beneficiaries on the waitlist.

BUDGETARY IMPACT: SCDHHS projects that based upon the proposed actions, annual state Medicaid expenditures in FY16 will increase by \$31,000,000 (annual aggregate dollars).

EXPECTED OUTCOMES: Autism Disorder Services that are evidenced-based will be covered by the State Plan and reimbursed for beneficiaries ages 0-21. Additionally, the PDD waiver waitlist will be significantly reduced, allowing beneficiaries to receive services via the new plan.

EXTERNAL GROUPS AFFECTED: Early Intensive Behavior Intervention Providers, Rehabilitative Behavioral Health Services Providers, Licensed Independent Practitioners

RECOMMENDATION: To amend the State Plan to include Autism Disorder Services.

EFFECTIVE DATE: October 1, 2015

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

PREPARED BY: Erica Brown, Project Manager

PRESENTED BY: Erica Brown, Project Manager

DATE: 5/5/2015

SUBJECT: Section 1915(b)(4) waiver proposal for the Enhanced Prenatal and Postpartum Home Visitation Program, which will enable the agency to provide the evidence-based Nurse-Family Partnership Program to a limited group of Medicaid beneficiaries. The proposed waiver will increase the frequency limit of current State Plan home visitation services offered to pregnant women and their infants. Under the waiver, the agency will selectively contract with providers who are certified to deliver the Nurse-Family Partnership Program Model, including DHEC clinics, hospitals and FQHCs/RHCs throughout the state.

The enhanced home visitation services will be offered to 2,000 total pregnant beneficiaries who are expecting their first child during the two-year waiver period. Enhanced services will begin prenatally, continue throughout pregnancy, and postpartum for up to two years. The proposed waiver will only affect the provision of enhanced home visitation services and will not affect eligibility or any other State Plan services currently provided to pregnant women and children.

OBJECTIVE: Improve birth and other health outcomes of pregnant women and infants by providing enhanced, evidence-based, prenatal and postpartum home visitation services.

BACKGROUND: Voluntary, evidence-based home visitation programs for pregnant women and infants have been shown to promote healthy pregnancies, improve birth outcomes, and improve child health and development. Pregnant Medicaid beneficiaries currently have coverage for limited home visitation services during pregnancy and immediately following the birth of their children. To determine whether enhancing the frequency of these types of visits, when delivered in accordance with an evidence-based model, improves health outcomes and reduces total expenditures, SCDHHS is proposing a Section 1915(b)(4) waiver to CMS to implement the Enhanced Prenatal and Postpartum Home Visitation Program. The waiver program, through enhanced visits, will provide the Nurse-Family Partnership Program to approximately 2,000 beneficiaries and SCDHHS will rigorously evaluate the impact of these enhanced visits.

BUDGETARY IMPACT: \$2.5M for two-year waiver period

EXPECTED OUTCOMES: Reduction in preterm birth, increased intervals between first and subsequent births, and reduction in emergency department admissions among children ages 0-2

EXTERNAL GROUPS AFFECTED: Medicaid recipients

RECOMMENDATION: Submit 1915(b)(4) waiver proposal to CMS to enable implementation of the Enhanced Prenatal and Postpartum Home Visitation Program

EFFECTIVE DATE: Effective for service dates on or after January 1, 2016

May 5, 2015 MCAC Agenda Item Addendum: Specific corrections between the September 10, 2014 and the May 5, 2015 MCAC Agenda Items for Community Long Term Care Waiver Amendments for Healthy Connections Prime Phase II.

SUBJECT:

The additional subject of waiver specific transition plans was added.

OBJECTIVE:

The additional objective to comply with new rules from the Centers for Medicare and Medicaid Services (CMS) was added.

BACKGROUND:

Background information on the new CMS rule requirements for waiver amendments and waiver specific transition plans was added.

BUDGETARY IMPACT:

Additional information was not added.

EXPECTED OUTCOMES:

The expected outcomes for posting draft waiver amendments and draft waiver specific transition plans for 30 days of public comments was added.

EXTERNAL GROUPS AFFECTED:

The external groups affected by CMS new requirements for posting draft waiver amendments and draft waiver specific transition plans for 30 days of public review and comments was added.

RECOMMENDATION:

The recommendation to also submit required draft waiver specific transition plans was added.

EFFECTIVE DATES:

The effective date for waiver specific transition plans was added.

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

PREPARED BY: Sherry Everett and Teeshla Curtis

PRESENTED BY: Teeshla Curtis

DATE: May 5, 2015

SUBJECT: This is an update to the September 10, 2014 MCAC Advisement Form

Amendment of the three 1915(c) Medicaid Home and Community-Based Service (HCBS) Waivers operated by the Community Long Term Care (CLTC) Program and new rules from the Center for Medicare and Medicaid Services (CMS) for HCBS waiver amendments and waiver specific transition plan requirements

OBJECTIVE: Through amendments to these waivers, dual eligible beneficiaries age 65+ will be able to receive HCBS while participating in a second phase of transitioning these services to a managed and coordinated approach under the Healthy Connections Prime Program.

Sharing draft HCBS waiver amendments and draft waiver specific transition plans helps the State comply with CMS new rule requirements.

BACKGROUND: The South Carolina Department of Health and Human Services (SCDHHS) proposes to file amendments with the Centers for Medicare and Medicaid Services (CMS) to three (3) of its HCBS waivers operated through the CLTC Program. These waivers are: Community Choices (CC), HIV/AIDS and Mechanical Ventilator Dependent (Vent).

These waiver amendments will enable SCDHHS to implement a second phase of transitioning HCBS as a part of a joint Medicare-Medicaid demonstration program known as Healthy Connections Prime. Through Healthy Connections Prime, people age 65 and older who receive both Medicare and Medicaid and meet other eligibility criteria will receive all of their care, including primary care, behavioral health and long term care services, from a Coordinated and Integrated Care Organization (CICO). In Phase 1 of Healthy Connections Prime, the CICOs began serving waiver participants, but did not develop care plans for waiver services. These Phase 2 amendments will allow CICOs to develop participants' care plans, drawing on the knowledge of the participants' health needs both within and beyond the waiver services they receive and make these care plans subject to state review and approval. The CICO will also prior authorize waiver services and develop contractual oversight of waiver providers. Waiver participants will have access to an appeals process and the Healthy Connections Prime Advocate to assist in disputes.

There will be substantive and technical changes to sections of each waiver document to allow this, but no adverse changes are anticipated for participants who are enrolled in both Healthy Connections Prime and a CLTC waiver. Enrollment in Healthy Connections Prime is totally voluntary.

CMS New Requirements for Waiver Specific Transition Plans: The Center for Medicare and Medicaid Services issued a final rule on Home and Community Based Services (HCBS) establishing certain requirements for home and community based services that are provided through Medicaid waivers, like the CC, HIV/AIDS and Vent Waivers. There are specific requirements for where home and community based services are received called "settings requirements."

CMS requires that each state submit a "Transition Plan" for each waiver renewal or amendment. The Transition

Plan outlines how the state will come into conformance and compliance with the HCBS Rule.

Further, CMS requires that transition plans and these waiver amendments must be available for the public to read and provide comments (30 days allowed for public comments) before being submitted to CMS for review. Therefore, the draft transition plans and draft waiver amendments for the CC, HIV/AIDS and Vent Waivers will be posted to the SCDHHS website, Healthy Connections Prime website and hard copies located in the SCDHHS lobby after May 30th for review and comments.

The Transition Plans, even once submitted, may need to change and evolve as the state goes through the process of coming into compliance with the HCBS Rule.

BUDGETARY IMPACT: During its three years of operation, CMS requires that Healthy Connections Prime operates at 1%, 2% and 3% savings over the traditional fee for service option.

EXPECTED OUTCOMES: Waiver participants in Healthy Connections Prime will be able to receive HCBS as authorized through a plan of care.

The state will meet CMS requirements by posting draft waiver amendments and draft waiver specific transition plans for 30 days of public comments.

EXTERNAL GROUPS AFFECTED: Healthy Connections Prime beneficiaries, providers, and the four (4) CICOs selected to participate in Healthy Connections Prime will be impacted by this action. Notification of the intent to file these amendments and transition plans will be circulated to the listserv of interested parties maintained by SCDHHS who have requested notification of waiver amendments and renewals.

Based on further guidance from CMS, public notice of the State's intent to submit waiver amendments and transition plans to CMS must be posted via electronic and non-electronic means for 30 days. Additionally, the draft amendment documents and draft transition plans must be posted via electronic and non-electronic means for 30 days of public review and comments.

RECOMMENDATION: To request from CMS amendments to the Community Choices, HIV/AIDS and Mechanical Ventilator Dependent Waivers to allow for Phase 2 of the transition of HCBS as a part of the Healthy Connections Prime demonstration and submit Transition Plans to CMS for approval.

EFFECTIVE DATE: The waiver changes are proposed to be effective January 1, 2016, which is the date that Phase 2 of the transition of HCBS under the Healthy Connections Prime demonstration project begins. If not effective on January 1, 2016 waiver changes will be effective upon CMS approval.

The transition plans will become effective upon CMS approval.



Eligibility, Enrollment & Member Services

Medical Care Advisory Committee (MCAC)
Beth Hutto, Deputy Director
May 5, 2015

Ongoing improvements:

Deemed Baby Backlog completed mid-March

Building Capacity. Since March:

- Brought on 21 temps
- Brining in additional 20 temps late April
- Postings for 46 positions

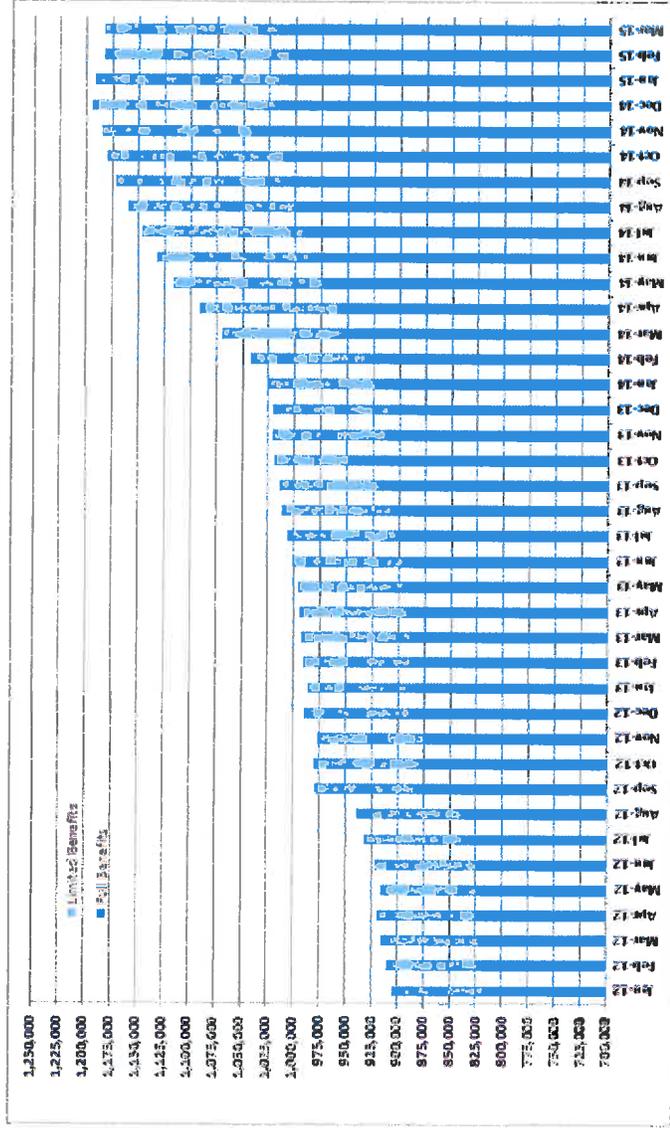
ACCESS 2.3:

Annual Review script release April



Trends in Medicaid Enrollment

**Medicaid Enrollment
(January 2012 through March 2015 Projections)**



Dec 2014 enrollment:
1,194,370 (most recent final enrollment number)

March 2015 preliminary enrollment 1,182,872

Impacts:
Deemed Babies
Annual Reviews

Source: MMIS, most recent three months are preliminary enrollment data.



Operations & Information Management

Medical Care Advisory Committee (MCAC)
Janina Johnson, Interim PMO Director
May 5, 2015

ICD-10 Status

- **Implementation Date is October 1, 2015**
- **ICD-10 Status**
 - **Dedicated website [www.scdhhs.gov/icd10]**
 - **Testing is currently in progress and will be ongoing until August 2015**
- **SC DHHS Approach**
 - **Communicate and identify providers to participate in end-to-end testing**
 - **Engaging with CMS for guidance**
 - **Revising communication and training objectives**

For additional questions, please email

icd10contacts@scdhhs.gov

**Current Budget to Year to Date Actual Spending
As of March 31, 2015**

Budget by Major Program and Spending Purpose	FY 2015 Appropriation	FY 2015 Realigned Budget*	FY 2015 YTD as of 3/31/15	Remaining from Realigned	% Expended
SCDHHS Medicaid Assistance					
Coordinated Care	\$ 2,908,948,344	\$ 2,908,948,344	\$ 1,921,359,239	\$ 987,589,105	66%
Hospital Services	494,877,360	499,564,124	461,734,348	37,829,776	92%
Disproportionate Share	493,128,621	493,128,621	384,845,690	108,282,931	78%
Nursing Facilities	532,241,702	532,341,702	411,032,916	121,308,786	77%
Pharmaceutical Services	83,500,484	83,500,484	58,182,588	25,317,896	70%
Physician Services	119,018,095	119,018,095	67,187,105	51,830,990	56%
Community Long-term Care (CLTC)	149,610,372	149,710,372	128,897,730	20,812,642	86%
Dental Services	160,750,653	160,750,653	91,817,287	68,933,366	57%
Clinical Services	39,925,987	41,965,987	38,440,366	3,525,621	92%
Transportation Services	88,195,922	89,888,887	56,241,507	33,647,380	83%
Medical Professional Services	26,844,537	26,844,537	17,273,454	9,571,083	64%
Durable Medical Equipment	31,129,359	31,129,359	19,543,559	11,585,800	63%
Lab & X-Ray Services	14,583,891	14,583,891	9,397,292	5,186,599	64%
Family Planning	32,215,921	42,215,921	13,987,414	28,228,507	33%
Hospice	13,351,499	13,351,499	11,122,594	2,228,905	83%
Program of All-Inclusive Care (PACE)	14,246,885	14,246,885	9,424,345	4,822,540	66%
EPSDT	3,843,844	3,843,844	2,667,822	1,176,022	69%
Home Health Services	20,472,830	20,472,830	9,978,753	10,494,077	49%
OSCAP	3,974,400	3,974,400	5,833,956	(1,859,556)	147%
Optional State Supplement (OSS)	30,751,568	30,751,568	15,187,102	15,564,466	49%
Premiums Matched	191,400,000	191,400,000	131,664,822	59,735,178	69%
MMA Phased Down Contributions	84,300,000	84,300,000	59,317,423	24,982,577	70%
Premiums 100% State	16,500,000	16,500,000	10,878,394	5,621,606	66%
Children's Community Care	19,157,862	19,157,862	11,862,648	7,295,214	62%
Behavioral Health	36,244,620	96,103,515	96,383,977	(280,462)	100%
Total SCDHHS Medicaid Assistance	\$ 5,609,214,756	\$ 5,687,693,380	\$ 4,044,262,331	\$ 1,643,431,049	71%
SCDHHS Other Health Programs					
Continuum of Care	\$ 15,790,446	\$ 7,895,223	\$ 1,472,181	\$ 6,423,042	19%
Corrections (DOC)	4,186,764	-	-	-	0%
Disabilities & Special Needs (DDSN)	571,667,851	564,667,851	424,162,549	140,505,302	75%
Education (DOE)	49,855,201	47,855,201	36,883,652	10,971,549	77%
Health & Environmental Control (DHEC)	17,596,860	7,596,860	3,153,059	4,443,802	42%
Juvenile Justice (DJJ)	1,531,876	-	-	-	0%
Medical University of SC (MUSC)	19,301,413	19,301,413	26,255,222	(6,953,809)	136%
Mental Health (DMH)	177,941,102	170,941,102	133,249,988	37,691,114	78%
State Housing Authority	100,000	-	-	-	0%
School for Deaf & Blind	3,692,965	-	-	-	0%
Social Services (DSS)	6,983,336	-	-	-	0%
University of South Carolina (USC)	2,522,702	2,522,702	2,394,229	128,473	95%
Wil Lou Gray Opportunity School	40,000	-	-	-	0%
Emotionally Disturbed Children (EDC)	28,048,460	-	-	-	0%
Other Entities Funding	29,617,267	29,617,267	7,202,014	22,415,253	24%
State Agencies & Other Entities	\$ 928,876,243	\$ 850,397,619	\$ 634,772,892	\$ 215,624,727	75%
SCDHHS Operating Expenditures					
Personnel & Benefits	\$ 65,022,385	\$ 65,022,385	\$ 48,797,332	\$ 16,225,053	75%
Medical Contracts	222,668,267	222,668,267	101,635,040	121,033,227	46%
Other Operating Costs	50,499,681	50,499,681	19,730,056	30,769,625	39%
Total SCDHHS Operating Expenditures	\$ 338,190,333	\$ 338,190,333	\$ 170,162,427	\$ 168,027,906	50%
Total Budget - Annual Budget Appropriation	\$ 6,876,281,332	\$ 6,876,281,332	\$ 4,849,197,650	\$ 2,027,083,682	71%

*Budget realignment related to shift in state agency match to DHHS