

**Medical Care Advisory Committee
May 5, 2015 Meeting Minutes**

Present

William Bilton
Richard D'Alberto
Dr. Tom Gailey
Lea Kerrison
Bill Lindsey
J.T. McLawhorn
Melanie Matney
Dr. Kashyap Patel
Gloria Prevost
*Timothy Stuart
Lathran Woodard

Not Present

John Barber
Sue Berkowitz
Dr. Charles Darby
Diane Flashnick
Dr. Greta Harper
Chief Bill Harris
Crystal Ray
Nathan Todd
Rhonda L. Johnson-White Ph.D
Dr. Lynn Wilson

Ms. Tysha Holmes was present for Mr. Timothy Stuart

The Director welcomed members. He mentioned that the MCAC dates for August and November were revised to August 11 and November 17 and said an e-mail was sent notifying every one of these date changes.

Peter Liggett (Deputy Director, Office of Long Term Care and Behavioral Health Services)

presented on the advisement regarding Autism Disorder Services effective October 1, 2015. The following questions were asked:

- 1) Was the Autism Services Guidance letter given to providers and not patients?
Answer: The Autism Services Guidance letter was given to parents of patients because a lot of them have these documents ready to submit. Lara Sheehi has been communicating the contents of this letter with both parents and providers.
- 2) This letter seems to be at a high reading level for patients?
Answer: Some of the parents of patients are very sophisticated. The medical directors wanted to ensure that providers understood what was necessary to process an ASD request.
- 3) What is the provider capacity for this service?
Answer: There are approximately 170 providers in the state. These providers have reasonable capacity; capacity is 1700 to 2200. It is estimated there are 10,000 individuals in the Medicaid program receiving ASD; 5500 have actually been diagnosed with ASD.
- 4) What plans do we have to enhance Mental Health care to the Medicaid population in rural populations?
Answer: SCDHHS has seen a dramatic increase in services for children in Rehabilitative Behavioral Health Services (RBHS).
- 5) What about diversity and comprehensiveness because a lot of the Mental Health staff are not that diverse?
Answer: There is a conference being held on May 26th that is being offered to everyone in



Columbia that addresses these issues.

Erica Brown, (Project Manager, Project Management Office) presented on the advisement regarding **Enhanced Prenatal & Postpartum Home Visitation Services** effective January 1, 2016. The following questions were asked:

1) Are there any plans to monitor this program after two years because usually the payoff is over longer periods of time?

Answer: Yes, evaluation of the program will continue beyond the two years and SCDHHS plans to review certain data over longer periods of time.

2) How will coordination work with other entities offering the same service?

Answer: The waiver would include coordination with MCOs and providers to ensure that communication is happening.

3) Can one entity provide information to another entity if the same service is being provided and how is it decided which entity would provide the service?

Answer: The Provider would make a determination on the most appropriate program for the family. SCDHHS does not anticipate any overlap of services.

4) How will NFP select mothers, is it based on risk factors?

Answer: It will be based on those expecting their first child. There will only be 1,000 slots per year and they will be selected randomly from referrals. However, NFP has a service office to identify mothers that would not be referred; those at higher risk. This program is voluntary so the mother would have to accept the home visitations once selected.

Teeshla Curtis (Program Manager, Office of Health Programs) presented on the advisement regarding **Community Long Term Care Waiver Amendments for Healthy Connections Prime Phase II** with an effective date of January 1, 2016. The following question was asked:

1) What is the definition of "setting requirements"?

Answer: The settings definition is based on the Home and Community Based Services (HCBS) Final Rule. Adult Day Health Care or Community Residential Care Facilities (CRCFs) have to meet the new requirements of approved settings. CICOs will have to follow these regulations.

Beth Hutto (Deputy Director, Office of Eligibility, Enrollment and Member Services) gave an update on ACCESS and Trends in Medicaid Enrollment. The following questions were asked:

1) What is the process for deeming babies to MCOs?

Answer: If the baby is born to a Medicaid eligible mom, the baby is eligible for one year. If the mother is already in an MCO the baby follows the mom. SCDHHS cleared the Pregnant Woman and Deemed Baby backlog in this queue at the end of March. However, there are some pregnant women and deemed babies who are not in the right queue and we are processing these cases as we find them. SCDHHS will be asking MCO plans to identify deemed baby cases that need to be processed.

2) What is the process for babies born to moms on Emergency Medicaid?

Answer: The baby is entitled to full Medicaid benefits however there are some system issues with this process that SCDHHS is working through. A system fix for this issue was recently deployed.

3) How are these babies transferred to MCOs?

Answer: These babies are stay in FFS longer. If a plan is not selected by the family within 60 days, they are auto enrolled into a plan by the enrollment broker.

Comment: This population is grossly underserved partly because they are afraid. SCDHHS needs to address their medical needs because there is concern they are not getting the proper care.

4) Does the limited benefit numbers include check-up?

Answer: It does include check-up but other limited categories such as Qualifying Individuals

(QIs) are included as well.

5) How many individuals are enrolled in Check-up?

Answer: Approximately 160,000 are enrolled.

6) How are we following longitude of those enrolled in Check-up because they don't have Medicaid is it worthwhile to diagnose when no treatment is available?

Answer: We need to continue to diagnose them. This is one of the challenges of screenings.

Comment/Suggestion: Can we develop an exchange of services to support them for limited treatment options?

7) Will the numbers for March and April continue to increase?

Answer: Due to a delay in reviews for the month of March and April it is likely that these numbers will increase because this is not reflected in the current numbers listed.

Janina Johnson (Interim PMO Director, Project Management Office) gave an update on ICD-10. The following questions were asked:

1) Can any provider participate in testing?

Answer: Any provider that submits a claim (electronic or paper) can participate in testing.

2) When is the projected implementation date?

Answer: October 1, 2015

Adriana Day (Deputy Director, Office of Finance and Administration) gave an update on the fiscal year 2015 year to date budget. The following questions were asked:

1) Why is Behavioral Health at 100%?

Answer: There was an increase in expenditures due to a July 1st change in RBHS prior authorization requirements. SCDHHS updated our policies and rates effective March 1st.

2) What impact will this have on service delivery?

Answer: SCDHHS is not seeing a lower utilization in services due to fixed rate effective March 1st.

Other Questions:

1) Can you provide an update on HOP?

Answer: The HOP program will continue for another year with a few more slots. SCDHHS is currently thinking through the evaluation component and trying to figure out the measurement of success for the program.

2) Program has good intentions but how do we get these people in the program, what kind of issues have been identified?

Answer: One of the biggest issues identified is the social determinants.

Meeting Adjourned

Next Meeting scheduled for August 11, 2015 10:00 a.m. to 12:00 p.m.