

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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www.scdhhs.gov
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MEDICAID BULLETIN

TO: Optional State Supplementation (OSS) and Integrated Personal Care (IPC) Providers

SUBJECT: IPC Program Closure and OSS Transformation

The South Carolina Department of Health and Human Services (SCDHHS) was notified by the Centers for Medicare and Medicaid Services (CMS) in July 2010 the IPC program had to be reconfigured in order to comply with federal guidelines. SCDHHS is submitting an amendment to delete the program from the State Medicaid Plan with an effective date of July 1, 2013.

SCDHHS has been exploring options for a similar type service funded with 100% state dollars, and has determined that the first step to improving and maintaining the program is by enhancing the Optional State Supplementation (OSS) program. The transformed program, Optional Supplemental Care for Assisted Living Program (OSCAP), will specify more stringent consumer and provider requirements, and will improve the overall quality of care within Community Residential Care Facilities (CRCFs). SCDHHS has convened a workgroup of providers, associations, advocates, and state agencies to advise on the redesign of this critical program and to follow-up on recommendations received through four public meetings held August 28-31, 2012 in Florence, Columbia, Greenville and Charleston.

OSCAP will require prior authorization and that consumers meet medical necessity criteria to enter the program. Under the improved program, consumers will also be eligible to receive incontinence supplies and Medicaid Targeted Case Management (MTCM) services as a result of some additional changes that SCDHHS is making to the Medicaid State Plan.

In addition, SCDHHS will be requesting to amend the 1915(c) Community Long Term Care Community Choices waiver to add the provision of Personal Care

services to consumers residing in a CRCF who meet the intermediate nursing home level of care.

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New policies have been developed to implement new regulations mandated by the Affordable Care Act (ACA), emphasizing stronger requirements for Medicaid provider enrollment and screening. The new enrollment process includes screening, licensure verification and site visits, to ensure that all enrolling providers are in good standing and meet the requirements for which they are seeking enrollment. Please visit <http://provider.scdhhs.gov> to review these policies in the Provider Enrollment Manual.

Providers enrolled or reactivated, on or after December 3, 2012, will be screened according to the new provider enrollment and screening regulations. SCDHHS no longer accepts paper applications. The provider enrollment application is an automated web-based application and can be accessed through <http://provider.scdhhs.gov>. SCDHHS will collect the application fee prior to executing a provider agreement whether upon initial enrollment, reactivation, revalidation, or an enrollment to add a new practice location. If you have any questions regarding the provider enrollment and screening regulations, please contact the Provider Service Center at (888) 289-0709, Option 4. To review provider enrollment and screening requirements, please visit our website at: <https://www.scdhhs.gov/ProviderRequirements>.

We appreciate your input as we continue to improve services for our Medicaid beneficiaries. If you have questions concerning the above information, please contact the OSS Program Manager at (803) 898-1060.

/s/
Anthony E. Keck
Director