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PUBLIC NOTICE

Public Notice of Final Action for Non-Emergency Medical Transportation (NEMT) Nursing Facility Add-On

The South Carolina Department of Health and Human Services (SCDHHS), pursuant to the requirements of Section 1902(a)(13)(A) of the Social Security Act, gives notice of the following action regarding its methods and standards for setting payment rates for long term care facility services under the State Plan under Title XIX of the Social Security Act Medical Assistance Program (Medicaid).

Effective for non-emergency medical transportation (NEMT) services provided on and after January 1, 2018, the SCDHHS moved the responsibility of the NEMT transports applicable to SC Medicaid nursing facility residents from the NEMT Broker to the SC Medicaid contracting nursing facilities. To implement this change, the SCDHHS determined a provider specific NEMT add-on to the October 1, 2017, nursing facility specific payment rate based upon calendar year 2016 trip and mileage data provided by the NEMT Broker and the use of mileage and transport rates developed by SCDHHS. Now that the SCDHHS has actual trip and cost data incurred by nursing facilities for the January 1, 2018, thru June 30, 2018, service period, the SCDHHS will update the provider specific NEMT add-on effective for services provided on or after October 1, 2018, based upon the January 1, 2018, thru June 30, 2018, data that will be subject to adjustment due to significant acuity and utilization shifts observed in the type of NEMT transports among some participants.

The SCDHHS is implementing the above action to adjust reimbursement to reflect updated cost data for clinically appropriate NEMT transportation.

As a result of the above action relating to the Medicaid reimbursement methodology change for nursing facilities effective for services provided on or after October 1, 2018, the weighted average rate is projected to be \$182.42. The weighted average October 1, 2018, rate prior to the October 1, 2018, NEMT add-on update was \$181.77. This represents a weighted average per diem increase of \$.65 per patient day, or a .36% increase.

The SCDHHS projects that based upon the above action, annual aggregate Medicaid nursing facility expenditures will increase by approximately \$2.5 million total dollars including Medicaid days paid while the resident is under the Hospice benefit.

Copies of this notice are available at each County South Carolina Department of Health and Human Services Office and at www.scdhhs.gov for public review. Additional information concerning this action is available upon request at the address cited below.

Any written comments submitted may be reviewed by the public at the South Carolina Department of Health and Human Services, Reimbursement Methodology and Policy, 1801 Main Street, Room 1219, Columbia, South Carolina, Monday through Friday between the hours of 9:00 A.M. and 5:00 P.M.

Joshua D. Baker
Director
South Carolina Department of Health and Human Services

Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCDHHS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Janet Bell, ADA and Civil Rights Official, by mail at: PO Box 8206, Columbia, SC 29202-8206; by phone at: 1-888-549-0820 (TTY: 1-888-842-3620); or by email at: civilrights@scdhhs.gov.

If you believe that SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368- 1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-888-549-0820 (TTY: 1-888-842-3620).

si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-549-0820 (TTY: 1-888-842-3620).

إذا كانت لغتك الأساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجاناً. اتصل على الرقم:

(1-888-842-3620 رقم هاتف الصم والبكم 888-549-0280)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-549-0820 (TTY: 1-888-842-3620).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-549-0820 (телетайп: 1-888-842-3620).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-549-0820 (TTY: 1-888-842-3620).

Se você fala português do Brasil, os serviços de assistência em sua língua estão disponíveis para você de forma gratuita. Chame 1-888-549-0820 (TTY : 1-888-842-3620)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-549-0820 (TTY: 1-888-842-3620)

Falam tawng thiam tu na si le tawng let nak asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in na ko thei.

धयद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-888-549-0820 (TTY: 1-888-842-3620) पर कॉल कर।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-549-0820 (TTY: 1-888-842-3620)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang kapek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-549-0820 (ATS : 888-842-3620).

နမူနာကတိကညီ ကျိအလိ, နမူနာ ကျိအတိမစာလါ တလင်ဘူင်လင်စွါ နိတံးဘာင်သုနင်လီၤ. ကိ: 888-549-0820 (TTY: 888-842-3620)

ကျိအလိ: ၈၈၈-၅၄၉-၀၈၂၀ (ကျိအလိ: ၈၈၈-၈၄၂-၃၆၂၀)။
၈၈၈-၅၄၉-၀၈၂၀ (ကျိအလိ: ၈၈၈-၈၄၂-၃၆၂၀)။

အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ငဲ့အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် သို့ ခေါ်ဆိုပါ။