

August 28, 2014

Notification to Amend Medicaid Home and Community-Based Waivers

The South Carolina Department of Health and Human Services (SCDHHS) intends to file amendments with the Centers for Medicare and Medicaid Services (CMS) to three (3) of its home and community based waiver programs operated through the Community Long Term Care (CLTC) Program. These waivers are:

1. SC.0186 HIV/AIDS Waiver
2. SC.0405 Community Choices Waiver
3. SC.40181 Mechanical Ventilator Dependent Waiver

These waivers will be amended to address the following topics.

1. Healthy Connections Prime

These changes 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.

The changes are proposed to be effective May 1, 2015, which is the date that Phase 2 of the transition of HCBS under the Healthy Connections Prime demonstration project begins.

2. Additional Changes to the HIV/AIDS Waiver

During the amendment process, SCDHHS will review current language and make necessary modifications to reflect technical changes to the flow of billing and filing of claims, organizational structure changes, and other minor language clarifications that may be necessary. Examples include: updating previous references to Care Call and Phoenix, changing the name of internal SCDHHS bureaus and divisions, and similar items. These language updates do not affect participant services or substantive aspects of the waiver.

The proposed effective date for language clean-up changes is May 1, 2015, since they will be submitted along with the Healthy Connections Prime updates described above.

3. Additional Changes to the Community Choices Waiver

The number of participants served in this waiver have grown faster than was projected when the five year estimates were made (this waiver began its fourth year of the current approval July 1, 2014). In order to be in compliance with federal requirements, an amendment must be requested which will increase the number of people allowed to be served in the waiver program. The census increase is a count of the census for the entire waiver year so this amendment will allow the agency to continue to add participants at all points during the year and will have a proposed effective date of July 1, 2014.

The Community Choices waiver will also be amended to add Adult Day Health Care Nursing as a waiver service. Persons attending adult day health care centers often have skilled medical needs. This service reimburses the facility for providing certain skilled nursing services (ostomy care, urinary catheter care, wound care, tracheostomy care, tube feedings and nebulizer treatments that require medication). This service was a part of the waiver program for a number of years but was removed as a cost saving measure during 2011. The proposed effective date for this service is January 1, 2015.

Finally, during the amendment process, SCDHHS will review current language and make necessary modifications to reflect technical changes to the flow of billing and filing of claims, organizational structure changes, and other minor language clarifications that may be necessary. Examples include: updating previous references to Care Call and Phoenix, changing the name of internal SCDHHS bureaus and divisions, and similar items. These language updates, do not affect participant services or substantive aspects of the waiver.

Language changes will be implemented along with the July 1, 2014 effective date of the census increase.

4. Additional Changes to the Mechanical Ventilator Dependent Waiver

Presently, case management for Mechanical Ventilator Dependent waiver participants is performed as an administrative service by nurse consultants who are SCDHHS employees. This was done because of the extensive medical needs of this population. However, these nurses have many other duties and many aspects of case management do not fully utilize their medical training. This amendment will make case management a new waiver service, that will be provided by provider case managers (usually licensed social workers). Waiver providers will be reimbursed for these services and SCDHHS nurse consultants will be able to commit more time to their many other responsibilities, such as completing initial waiver assessments to determine waiver medical eligibility and enrollment. The SCDHHS nurse consultants will also be available to consult with case managers when necessary.

Another change for this waiver is to add the services of home delivered meals and nutritional supplements. Many persons on ventilators are able to spend some time during the day off of the ventilator. These two services meet the nutritional needs of participants in the CC and HIV/AIDS waivers. This will make the service available for all three waiver programs.

Finally, during the amendment process, SCDHHS will review current language and make necessary modifications to reflect technical changes to the flow of billing and filing of claims, organizational structure changes, and other minor language clarifications that may be necessary. Examples include: updating previous references to Care Call and Phoenix, changing the name of internal SCDHHS bureaus and divisions, and similar items. These language updates do not affect participant services or substantive aspects of the waiver.

All changes have a proposed effective date of December 1, 2014.

Questions and Comments

These amendments will be discussed at SCDHHS' Medical Care Advisory Committee meeting on September 10, 2014 at 10:00 a.m. at 1801 Main Street, Columbia, S.C.

Questions or comments may be addressed to info@scdhhs.gov by **October 15, 2014**.

Copies of these amendments will also be posted to the SCDHHS website at the time they are filed with CMS.