

APPENDIX A

SUMMARY OF PUBLIC COMMENTS FOR COMMUNITY CHOICES, HIV/AIDS and MECHANICAL VENTILATOR DEPENDENT WAIVER AMENDMENTS – PRIME PHASE II and HIV/AIDS WAIVER TRANSITION PLAN 2015

PUBLIC MEETING: September 14, 2015 - Columbia

Public Meeting Questions/Comments

1. *Question:* Can a provider serve in an area where Prime services are not offered?
Answer: Yes, waiver service providers continue to provide waiver services in the areas where Prime services are not offered. The State's goal is to expand Prime services to the areas that currently do not have them.
2. *Question:* What does CICO mean?
Answer: It is an abbreviation for Coordinated Integrated Care Organization. These are the health care plans that provide comprehensive health packages to Prime beneficiaries.
3. *Question:* Can LIP providers provide CLTC services?
Answer: LIP providers may provide those services included in their provider service array (e.g., diagnostic interview, individual psychotherapy, family psychotherapy, crisis management, etc.) to CLTC beneficiaries. Services provided by LIP providers are considered State Plan services and are available to any Medicaid beneficiary including those in waivers. Services specific to the Community Choices Waiver service array may only be provided by providers enrolled with CLTC. Any qualified provider may enroll to be a CLTC provider, however, contract case managers cannot also be service providers of any sort as this would violate the tenets of the HCBS Final Rule and SCDHHS policy.

PUBLIC COMMENT PERIOD: August 21, 2015 – September 21, 2015

Electronic Questions/Comments

None received

Written Questions/Comments

The following recommendations or questions were submitted for the Community Choices Waiver Amendment:

1. Recommendation for amendments clearly spell out how Coordinated Integrated Care Organizations (CICOs) will ensure a mechanism is in place to allow members, family members, caregivers, advocates and others invited by member to be actively involved in the care plan development.

Response: The CLTC policies for all waiver participants will remain in effect and those do include active involvement of all family and other persons chosen by the participant.

Although not included in the waiver amendment, the three way contract requires that every member will have a multidisciplinary team, a care team that is person-centered and built upon the member's specific preferences and needs. At a minimum, the multidisciplinary team will consist of the member, care coordinator, primary care provider, family members or caregivers. Other providers will be involved as appropriate. Additional members are only invited at the member's request/approval.

The multidisciplinary team will participate in the comprehensive assessment and re-assessment of members. The CICO will ensure that the multidisciplinary team is accessible to the member by providing other conferencing sessions as an alternative including, as appropriate, home visits, email and telephonic contacts. Please note, that provisions outlined in the three-way contract are not necessarily reflected in the waiver amendment, unless there is special consideration for those provisions because of waiver participant status. In the case of the multidisciplinary team, there are no special considerations.

- 1b. Recommendation that State folds into its evaluation criteria how the CICOs will facilitate this involvement including: family caregivers have an opportunity to be involved in the assessment of need for their family member; family caregivers are given an independent assessment to determine their needs and how the CICOs can work with the caregiver and support their needs; CICOs train their case managers to communicate and work with family caregivers; CICOs have regular communication with family caregivers and require paid home healthcare providers to communicate/consult with family caregivers on service delivery; offer caregiver training to family caregivers that covers caregiver techniques and stress reduction practices; and CICOs provide respite support to family caregivers.

Response: The CC waiver currently has in-home respite as a fee for service and managed care rate. However, in an effort to increase use of this service, increasing the fee for service payment rate for this service is being explored during the current CC waiver renewal process. The

outcome of this endeavor will be determined after all necessary individuals and divisions have explored the financial and other impacts of a payment increase. Finally, the outcome of this endeavor will possibly impact the CICO's ability to also offer this service at an increased rate.

An assessment of caregiver well-being is a required component of the overall comprehensive assessment of Healthy Connections Prime members. When appropriate, caregiver supports should also be included in the individualized care plan. Additionally, the state has required that the CICO conduct a quality improvement project related to caregiver well-being. This project will be conducted on an annual basis beginning October 2015. Although the state does not require any additional activities such as outlined in the comments above, the state will consider these recommendations as we explore more opportunities to expand caregiver supports, training and access to community resources.

The state is currently working with the University of South Carolina Office for the Study of Aging to identify training opportunities to help support CICO care coordination staff in working with family caregivers. The state has monthly meetings with care coordination staff to discuss key topics with the most recent discussion focusing on caregiving. Additionally, the state participants in AARP's MLTSS Learning Collaborative and will continue to incorporate best practices in its model moving forward.

2. There were questions regarding the estimated growth of waiver participants, seemingly across the 5 year waiver period and the newly proposed waiver amendment.

Response: The agency has an open door (pending the 4,000 or so awaiting an eligibility determination), so there is no current limit to access. New numbers will be provided in the waiver renewal which will come out in a couple months. Also, the CC waiver was recently amended to increase year 4 (7/1/14 – 6/30/15) for greater growth and may have to do so for year 5.

3. The following questions were related to the CC Waiver Specific Transition Plan: implementation of the Plan as soon as waiver amendments are approved; revision of client satisfaction surveys to include all of the proposed changes in the amendment for Healthy Connections Prime Phase II; get feedback from stakeholders and family members on the draft surveys; the State makes its proposed "step to review all data and determine if necessary changes to its policies and procedures are needed" as transparent as possible; and participants are able to see the full feedback loop and how their comments/suggestions are used to improve waiver services.

Response: The comment period for the CC Waiver Specific Transition Plan has passed. Other CC waiver amendments were proposed to CMS in April 2015 and the CC Waiver Specific Transition Plan was proposed with those waiver amendments. The State posted electronic and non-electronic public notices, which included electronic and non-electronic means to access the CC Waiver Specific Transition Plan, on the public's ability to review the CC Waiver Specific Transition Plan. This public notice was posted from March 20, 2015 – April 20, 2015 and the deadline for submitting comments/questions was noted within the public notice. Additionally, many agencies were sent e-mails on 3/19/15 with an attachment of the CC Waiver Specific Public Notice.

Though the deadline has passed, the State will consider recommendations and questions, as any upcoming revisions are made to the CC Waiver Specific Transition Plan, which connects to the Statewide Transition Plan.

4. The following additional recommendations were made for the CC Waiver Specific Transition Plan: in addition to facilities' self- assessment, on-site surveys should complement the self-assessments; and participants, their family members and caregivers should be involved in the site visits and play apart in the surveys.

Response: As noted, in the response above, the public comment period has passed. However, as revisions are made to the CC Waiver Specific Transition Plan, which connects to the Statewide Transition Plan, these recommendations will be reviewed.

5. Regarding self-directed services, recommendations were given to develop uniformed robust metrics to monitor service delivery and the status of participants' health and safety; and quickly work with CICOs when they fail to meet these benchmarks.

Response: The three-way contract stipulates specific reporting requirements for critical incidents that impact health, safety, and well-being. Additionally, all members are assessed for their vulnerability to abuse, neglect and exploitation using the Elder Abuse Suspicion Index (EASI). If a member is determined at-risk, the corresponding goal and intervention must be included in the care plan.

Additionally, the state is also working with the Center of Health Care Strategy to develop a training module for CICOs related to self-direction. As a part of this training, we will include recommended metrics for state monitoring of the CICO management of these services. Please note, CICOs are already monitored on the utilization rate of self-direction. The state is specifically looking at increases or decreases in utilization to ensure member/participant choice is honored and protected. The state will continue to leverage its current contract with the University of South Carolina's Center for Disability Resources to provide training and certification for attendant care and companion services.

6. There was a recommendation for the State to ensure that Healthy Connection Prime members have clear access to Ombudsmen; that they are fully funded; and that they receive training in how the proposed amendments impact the State's fair hearing and arbitration process.

Response: Healthy Connections Prime members have access and are currently utilizing the demonstration's ombudsman. Although contact information is included in all member handbooks, the ombudsman's workplan includes outreach to CICOs to ensure all members have magnets with the ombudsman's contact information. The state currently receives periodic reports from the ombudsman outlining issues and trends for each plan.

7. Finally, a recommendation was made that participants, family members, caregivers and other advocates be allowed to fully participate in quality improvement activities such as the development of Quality Improvement Plans (QIP) for CICOs that show indications of performance concerns.

Response: Each CICO is required to include members and families in quality management activities, as evidenced by participation in the member advisory boards. These boards meet on a quarterly basis. In most cases, CICOs invite advocates to these meetings as well. The state will follow up with each CICO to ensure advocates are included in these boards. To date, each CICO has had two advisory board meetings.