

**South Carolina Department of Health and Human Services  
Mechanical Ventilator Dependent (Vent) Waiver  
Transition Plan  
September 2015**

**Introduction**

The Center for Medicare and Medicaid Services (CMS) issued a final rule on Home and Community Based Services (HCBS) establishing certain requirements for home and community based services that are provided through Medicaid waivers, like the Mechanical Ventilator Dependent (Vent) Waiver. There are specific requirements for where home and community-based services are received which will be referred to as the “settings requirements.”

CMS requires that each state submit a “Transition Plan” for each waiver renewal or amendment. The Transition Plan outlines how the state will come into conformance and compliance with the HCBS Rule settings requirements. Once any waiver renewal or amendment is submitted to CMS with the waiver specific Transition Plan, the state must then submit, 120 days later, a “Statewide Transition Plan” that outlines how the state will come into conformance with the new requirements of the HCBS Rule. States must come into full compliance with HCBS Rule requirements by March 17, 2019.

This is the Transition Plan for the Vent Waiver. Per CMS requirements this Vent Waiver Transition Plan was made available for the public to read and comment on before being submitted to CMS for review. This Transition Plan may change as the state goes through the process of coming into compliance with the HCBS Rule. If this plan undergoes any substantive changes after submission to CMS, the state will make it available again for public comment and input.

**Home and Community Based Settings Requirements**

CMS has listed the following as the requirements of settings where home and community based services are provided. They must have the following qualities (per 42 CFR 441.301 (c)(4)):

- The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
- The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board
- Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.

- Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
- Facilitates individual choice regarding services and supports, and who provides them.

## **Communications and Outreach – Public Notice Process**

### **Initial Plan Development**

SCDHHS formed a workgroup to address and solicit input on how the state could come into compliance with the HCBS rule, including the Vent waiver amendment. This group is composed of members from:

- SC Department of Health and Human Services
- SC Department of Mental Health
- SC Department of Disabilities and Special Needs
- SC Vocational Rehabilitation Department
- Advocacy groups:
  - AARP
  - Family Connections
  - Protection & Advocacy
- Providers:
  - Local Disabilities and Special Needs Boards
  - Housing providers for Mentally Ill population
  - Adult Day Health Care Providers
  - Private Providers of Medicaid and HCBS services
- Beneficiaries and family members

The large workgroup broke into sub-groups to address different tasks of coming into compliance with the HCBS Rule. The large group meets monthly to discuss the progress of the sub-groups and to examine issues, concerns and the overall vision of how the state can come into compliance with the new regulation.

### **Public Notice and Comment on Waiver Renewal**

SCDHHS has developed policy to provide multiple methods of public notice and input on waiver renewals which also includes its accompanying transition plan.

- The Medical Care Advisory Committee (MCAC) was provided advisories on the HCBS Rule and the Vent waiver amendment and transition plan on November 12, 2014 and September 10, 2014.
- Per 42 CFR 441.304 (f)(4), Tribal Notification was provided on November 12, 2014 and September 10, 2014. A Tribal Notification conference call for the waiver amendment and transition plan was held October 29, 2014.
- Public notice for comment on the Vent waiver amendment and transition plan was posted on the SCDHHS website on November 10, 2014.

- Public notice for comment on the Vent waiver amendment and transition plan was sent out via the SCDHHS listserv on November 10, 2014.
- Four public meetings were held to discuss the Vent waiver amendment and its transition plan, as well as the HCBS Rule and what it means for South Carolina beneficiaries. These meetings were held in November and December 2014 on the Vent waiver amendment, the Vent waiver transition plan and the HCBS Rule in the following cities:
  - Florence, SC                      Nov. 13, 2014
  - Greenville, SC                    Nov. 18, 2014
  - Charleston, SC                    Dec. 2 , 2014
  - Columbia, SC                    Dec. 4, 2014
- Public notice on the Vent waiver amendment and revised waiver transition plan, including the draft waiver amendment document and the revised waiver transition plan document, was posted on the following website on March 20, 2015:
  - SCDHHS website (scdhhd.gov)
- Public notice on the Vent draft waiver amendment document and revised waiver transition plan was sent out via the SCDHHS listserv on March 20, 2015.
- Public notice on the Vent draft waiver amendment document and revised waiver transition plan was sent out via e-mail to pertinent organizations, including MCAC and Tribal Notification on March 20, 2015
- Printed public notice on the Vent draft waiver amendment document and revised waiver transition plan was posted at SCDHHS Jefferson Square/Headquarters Lobby on March 20, 2015.
- Printed copy of the Vent draft waiver amendment document and revised waiver transition plan document were made available for public view and comment at SCDHHS Jefferson Square/Headquarters Lobby on March 20, 2015.
- Printed copies of public notice on the Vent waiver amendment and revised waiver transition plan, including a printed copy of the draft waiver amendment document and waiver transition plan document, was provided in all 10 Community Long Term Care and 2 Satellite Offices on March 20, 2015.
- Public comments were gathered from the public meetings listed above, from electronic communications sent to SCDHHS, and from any communications mailed to SCDHHS.
- SCDHHS reviewed the comments and incorporated any appropriate changes to the Vent Waiver Transition Plan. A summary of the public comments is included with this Vent Waiver Transition Plan submitted to CMS in April 2015.

South Carolina’s revised HCBS Mechanical Ventilator Dependent Waiver Transition Plan, as submitted to CMS, is posted in the following location:

- [scdhhs.gov/public-notice](http://scdhhs.gov/public-notice)

## Assessment of Regulations, Policies, Licensing Standards, and Other Provider Requirements

### Process of System-Wide Review

As part of the larger scope of the Statewide Transition Plan, SCDHHS reviewed the regulations, policies, standards, and other provider requirements that directly impact home and community-based settings. The list of regulations, policies, etc., was separated according to HCB setting. They were read and reviewed to determine that the regulation, policy, etc. is not a barrier to the settings standards outlined in the HCBS Rule. The settings for South Carolina, as they related to this waiver, are as follows:

- All of the mechanical ventilator dependent waiver participants reside and receive services in their own homes. The HCB regulation allows states to presume a waiver participant's home meets the requirements of HCB settings

A report was developed detailing the relevant laws, regulations, policies, standards, and directives that correspond with each HCBS settings requirement. A committee of external stakeholders (including providers, advocates, and other state agencies) reviewed the system-wide assessment and document. That group provided feedback to verify the findings of the SCDHHS review.

### Outcomes of System-Wide Review

As part of the Statewide Transition Plan, the following standards, rules, requirements, law, regulations, and policies were assessed as they relate to the Vent Waiver:

1. [Adult Protection, S.C. Code Ann. §§ 43-35-5 et seq.](#)
2. [Department of Health and Human Services, S.C. Code Ann. §§ 44-6-10 et seq.](#)
3. [Department of Health and Human Services S.C. Regs. Chapter 126](#)
4. [SCDHHS Provider Manuals](#)
  - a. CLTC Provider Manual
  - b. SC Medicaid Policy and Procedures Manual

After reviewing these sources, SCDHHS identified the following areas as not being fully compliant with the Federal settings regulations and will seek specific action to come into compliance:

1. **SCDHHS Policy, Waiver Documents, and DDSN Medicaid Waiver Policy Manuals**  
**Medicaid HCB Waiver Policy Regarding Waiver Services Provided while Clients Travel Out-of-State:** *"[...] Waiver participants may travel out of state and retain a waiver slot under the following conditions: the trip is planned and will not exceed 90 consecutive days; the participant continues to receive a waiver service consistent with SCDDSN policy; the waiver service received is provided by a South Carolina Medicaid provider; South Carolina Medicaid eligibility is maintained. During travel, waiver services will be limited to the frequency of service currently approved in the participant's plan. Services must be monitored according to SCDDSN policy. The parameters of this policy are established by SCDHHS for all HCB Waiver participants."*

- a. This policy does not specifically touch on any of the home and community-based settings requirements, but it may be an unnecessary restriction on an individual with disabilities. This policy may need further review.

All other laws, regulations, standards, directives, and policies reviewed were either supporting or not objecting to the home and community-based settings regulations and no further action needs to be taken.

### **Actions to Bring System into Compliance**

For those policies, procedures, standards and directives that need modification as indicated in the previous section, SCDHHS will make those changes to move the system into compliance.

SCDHHS has established an internal workgroup to begin fall of 2015 to review SCDHHS policy and procedures. The workgroup will make recommendations for changes to bring waiver policies and procedures in line with the HCBS requirements. SCDHHS anticipates the review period to be complete by the end of the year with recommended changes to be made by March 1, 2016. SCDHHS will use its internal policy management review process for implementing any additions or changes to policy in accordance with standard agency practice.

### **Ongoing Compliance of System**

Ongoing compliance of the system will be monitored per SCDHHS policies. SCDHHS serves as the Administrative and the Operating Authority for the Community Long Term Care (CLTC) Mechanical Ventilator Dependent waiver. With the introduction of Healthy Connections PRIME, the state retains full operational and administrative authority of this waiver. Performance requirements, assessment methods, and methods for problem correction related to PRIME are described more thoroughly in the three-way contract between CMS, the CICOs and the state.

CLTC is a division in SCDHHS and waiver review is part of the overall CLTC Quality Assurance (QA) Plan. CLTC utilizes Phoenix as its data system for their waivers. The Phoenix data system provides 100% reporting on specified performance measures. Data can be trended by specified performance measures regionally or statewide. SCDHHS Central Office has a QA Task Force committee to review all data accumulated. The QA Task Force meets bi-monthly throughout the year to identify and pursue action plans for making improvements in the waiver program as well as in the quality management framework and strategy. This process allows a thorough assessment of areas needing improvement and areas of best practice. Systems improvement for statewide problems can be addressed through different measures, including revision of policy and procedures, thereby allowing SCDHHS to ensure compliance with the new HCBS standards.

It is through these established systems of quality assurance review that ongoing compliance of HCBS standards will be monitored.

## Assessment of Settings

### Setting Types

All of the Mechanical Ventilator Dependent waiver participants reside and receive services in their own homes. The HCB regulation allows states to presume a waiver participant's home meets the requirements of HCB settings, therefore an assessment for compliance with the HCB settings requirements would not be necessary.

### Setting Assessment Process

The setting assessment process detailed in the Statewide Transition Plan included Waiver Participant Surveys, which are detailed here.

**Waiver Participant surveys.** Waiver participant experience and satisfaction surveys are waiver specific and ask questions directly of the waiver participant/Primary Contact about their experiences with services in the waiver and their satisfaction level with those services. There is a survey for Vent waiver participants.

**Development of the assessment tools and criteria.** This survey is created and conducted by an external contracted entity. The survey will be reviewed and any supplemental questions may be added as they relate to the standards listed in 42 CFR Part 441.301(c)(4).

**Resources to conduct assessments.** Resources to conduct the surveys will come from SCDHHS personnel and financial resources as well as the contracted vendor's personnel and financial resources.

SCDHHS has contracted with an external entity and they are currently developing the Vent waiver participant experience and satisfaction survey.

**Timeframe to conduct assessments.** Each part of the assessment process has an estimated time for completion. These time frames are based on personnel and financial resources and may vary.

The agency has changed the external entity with which it contracts to develop and conduct the waiver specific participant surveys. Due to this change, SCDHHS anticipates that the Vent waiver participant experience and satisfaction survey will be completed in 2016 per their contract requirements.

### Ongoing compliance

Ongoing compliance of the settings will be monitored per SCDHHS policies. SCDHHS serves as the Administrative and the Operating Authority for the Community Long Term Care (CLTC) Mechanical Ventilator Dependent waiver. With the introduction of Healthy Connections PRIME, the state retains full operational and administrative authority of this waiver. Performance requirements, assessment methods, and methods for problem correction related to PRIME are described more thoroughly in the three-way contract between CMS, the CICOs and the state.

CLTC is a division in SCDHHS and waiver review is part of the overall CLTC Quality Assurance (QA) Plan. CLTC utilizes Phoenix as its data system for their waivers. The Phoenix data system provides 100% reporting on specified performance measures. Data can be trended by specified performance measures regionally or statewide. Information is gathered and compiled from the

following data sources: Waiver participant satisfaction surveys conducted by an outside vendor; Provider Compliance Reports from SCDHHS staff; Annual Case Manager reviews conducted by SCDHHS staff; APS/critical incident reports; provider reviews conducted at least every 18 months by SCDHHS staff; participant appeals and dispositions; management reviews; quality assurance reviews on selected case managers as needed; and area office quarterly reports on case management agencies that are non-compliant with corrective action plans. Information gathered is taken to the Quality Improvement Task Force, which is scheduled to meet bi-monthly. Data is reviewed and discussed for discovery of noncompliance and strategies for remediation. Reports and trends are shared with area offices and providers as appropriate. Anything requiring corrective action generates a report and request for corrective action plan to the area office administrator. All reports, corrective action plans, appeals and dispositions are brought to the Quality Improvement Task Force to review outcomes. Outcomes would assist in determining necessary policy or system changes. This process allows a thorough assessment of areas needing improvement and areas of best practice. It is through this established system of quality assurance review that settings' ongoing compliance of HCBS standards for the CC, HIV/AIDS, and Mechanical Ventilator waivers will be monitored.

**South Carolina Home and Community Based Services Transition Plan Timeline  
Mechanical Ventilator Dependent (Vent) Waiver Amendment**

**Section 1. Identification**

<i><b>Action Item</b></i>	<i><b>Description</b></i>	<i><b>Start Date</b></i>	<i><b>End Date</b></i>	<i><b>Sources</b></i>	<i><b>Stakeholders</b></i>	<i><b>Intervention/Outcome</b></i>
Identify Residential settings	Identify the number and type of residential settings serving individuals in the waiver.	March 2014	April 2014	SCDDSN	SCDHHS, SCDDSN	As the services in this waiver are primarily offered at an individual's home, settings are presumed to be in compliance based on setting definitions in the HCBS Rule. No assessment is needed.
Regulation and policy identification	Identify regulations, policies, standards, and directives that impact Vent HCB Settings.	September 2014	October 2014	SCDHHS, SCDHEC, SC Code of Regulations	SCDHHS, private providers	Gather all sources of regulation in advance of systemic review.

**Section 2. Assessment**

<i><b>Action Item</b></i>	<i><b>Description</b></i>	<i><b>Start Date</b></i>	<i><b>End Date</b></i>	<i><b>Sources</b></i>	<i><b>Stakeholders</b></i>	<i><b>Intervention/Outcome</b></i>
Review existing regulations, policies, standards, and directives for Vent HCB settings	As part of the Statewide Transition plan, conduct review of existing policies, qualification standards, licensure regulations, etc. for Vent HCB settings to determine conformance to HCBS rule using CFR language as the rubric.	October 2014	January 2015	SC Code of Regulations, SCDHHS policies, other state agency regulations as appropriate	SCDHHS	Determine compliance with HCB standards.

<b>Section 3. Compliance Action</b>						
<i><b>Action Item</b></i>	<i><b>Description</b></i>	<i><b>Proposed Start Date</b></i>	<i><b>Proposed End Date</b></i>	<i><b>Sources</b></i>	<i><b>Stakeholders</b></i>	<i><b>Intervention/Outcome</b></i>
Policy Revisions	SCDHHS will review and revise policies as necessary to reflect HCBS regulations as well as ongoing monitoring and compliance.	September 2015	March 2016	CMS Guidance, CFR, SCDHHS policy manuals	SCDHHS, Partner agencies, providers, beneficiaries, families, advocacy groups	Policies reflect HCBS requirements.
Provider Training and Education	To ensure understanding of HCBS rule requirements, SCDHHS will develop and provide training/education as needed to providers, ensure ongoing compliance with requirements.	January 2016	December 2017	CMS Guidance, CFR, SCDHHS policies,	SCDHHS, partner agencies, providers	Educate providers on HCBS rule and its requirements.

<b>Section 4. Communications</b>						
<b>Action Item</b>	<b>Description</b>	<b>Start Date</b>	<b>End Date</b>	<b>Sources</b>	<b>Stakeholders</b>	<b>Intervention/Outcome</b>
Form Stakeholder workgroup	Invited various stakeholders to come together to address new HCBS Final Rule and provide input on plans to come into compliance.	Feb. 26, 2014	December 2015	Partner Agencies, Advocacy groups, providers, beneficiaries, and families	Partner Agencies, Advocacy groups, providers, beneficiaries, and families	Monthly workgroup meetings
Provide Notice to MCAC	Provide notice of the Waiver Amendments and the Transition plan at MCAC meetings.	November 12, 2014		Advisories to MCAC	SCDHHS, Providers, Beneficiaries, Advocacy groups	MCAC advised of Waiver amendments and when will be submitted per agency policy.
Tribal Notification	Notice is provided to the Catawba Indian Nation on the amendment of the waiver and a conference call is held to discuss.	Oct. 29, 2014 and Sept. 10, 2014	Nov. 12, 2014	Proposed waiver amendment changes	SCDHHS, Catawba Indian Nation	Any questions or concerns about waiver amendments are addressed.
Public Notice provided	Notice of the waiver amendments posted to the SCDHHS website, sent out via listserv to any interested parties, and shared with members of the large Stakeholder workgroup.	Nov. 10, 2014	Dec. 12, 2014	Public notice document, Vent Transition plan Draft document	SCDHHS, Beneficiaries, families, Providers, Advocacy Groups	Public notice posted with transition plan for Vent waiver.
Public comment – waiver amendments and transition plan	SCDHHS gathered public comments for review through multiple methods and made appropriate changes to the waiver and	Nov. 10, 2014	Dec. 2014	Public notice document, Vent Transition plan Draft document	SCDHHS, , Beneficiaries, families, Providers, Advocacy Groups	Public notice posted with transition plan for Vent waiver.

	transition plan. Comments were gathered via mail, email, and in person.					
<b>Section 4. Communications <i>continued</i></b>						
<b>Action Item</b>	<b>Description</b>	<b>Start Date</b>	<b>End Date</b>	<b>Sources</b>	<b>Stakeholders</b>	<b>Intervention/Outcome</b>
Public meetings conducted on Waiver Amendment and Transition Plan	Four public meetings were held throughout state for citizens to comment on the proposed waiver amendment changes and waiver transition plan.	Nov. 13, 2014	Dec. 4, 2014	Public notice document, Vent Transition plan Draft document	SCDHHS, Beneficiaries, families, Providers, Advocacy Groups	Public notice posted with transition plan for Vent waiver.
Public Comment collection and revisions	SCDHHS reviewed all comments on the waiver amendment and transition plan and made appropriate changes to both documents.	Nov. 13, 2014	Dec. 2014	Public comments and any state response documents	SCDHHS	Public comments considered and appropriately incorporated into documents.
Second Public Notice provided for Posting of Waiver Amendment Document and Waiver Transition Plan	Notice of the waiver amendment posted to the SCDHHS website; sent out via listserv to any interested parties; e-mailed to MCAC, Tribal Notification and other pertinent organizations; printed copies posted in all Community Long Term Care Area and Satellite	March 20, 2015	April 20, 2015	Public notice document, Waiver document, Vent Transition plan document	SCDHHS, , Beneficiaries, families, Providers, Advocacy Groups	Public notice posted along with waiver amendment document and Vent waiver transition plan.

	offices and SCDHHS lobby					
<b>Section 4. Communications <i>continued</i></b>						
<b>Action Item</b>	<b>Description</b>	<b>Start Date</b>	<b>End Date</b>	<b>Sources</b>	<b>Stakeholders</b>	<b>Intervention/Outcome</b>
Public comment – waiver amendment and transition plan	SCDHHS will gather public comments for review through multiple methods and make appropriate changes to the waiver amendment and transition plan. Comments will be gathered via mail, email, and in person.	March 20, 2015	April 20, 2015	Public notice document, Waiver Document, Vent Transition plan Draft document	SCDHHS, Beneficiaries, families, Providers, Advocacy Groups	Public notice posted along with waiver amendment document and Vent waiver transition plan.
Public Comment collection and revisions	SCDHHS reviewed all comments on the waiver amendments and transition plan and made appropriate changes to both documents.	March 20, 2015	April 23, 2015	Public comments and any state response documents	SCDHHS	Public comments considered and appropriately incorporated into documents.

## APPENDIX A

### SUMMARY OF PUBLIC COMMENTS FOR COMMUNITY CHOICES and MECHANICAL VENTILATOR DEPENDENT WAIVER AMENDMENTS and TRANSITION PLANS 2015

PUBLIC MEETINGS: Nov. 13, 18, and Dec, 2 and 4, 2014

WEBINAR: Nov. 19, 2014

#### Public Meeting Questions/Comments

Nov. 13, 2014 (Florence): No questions/comments

Nov. 18, 2014 (Greenville):

1. *Question:* Will the case managers for the Vent Waiver be contract employees or state employees?  
*Answer:* Contract employees.
2. *Question:* Why take away the nurses' responsibilities when the DDSN service coordinators already have too many cases to handle?  
*Answer:* Only the CLTC Vent Waiver is being amended to allow case managers to handle the on-going case management responsibilities in that particular waiver. The DDSN waivers are not affected by this change.

Nov. 19, 2014 (Webinar): No questions/comments

Dec.2, 2014 (Charleston): No questions/comments

Dec. 4, 2014 (Columbia):

1. *Question:* How can I get CLTC insurance with my Medicare?  
*Answer:* CLTC is not insurance but a program for eligible individuals that are Medicaid eligible. Also, medical eligibility is needed. Further discussion after the public meeting was held with individual and he stated that he was not Medically or Financially eligible for the CLTC program.

#### Electronic or Written Comments

None received

**SUMMARY OF PUBLIC COMMENTS FOR CC and VENT WAIVER AMENDMENTS  
and TRANSITION PLANS 2015**

PUBLIC COMMENT PERIOD: March 20, 2015–April 20, 2015

Electronic Comments

March 20, 2015:

1. “If you are looking for comment, they look fine to me”

Written Comments

None received