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Medicaid Advisory Council (MAC) Meeting Agenda

Agenda

Date: May 13, 2025

Time: 10 a.m.-12 p.m.

Location: WebEx

Topic	Presenter
1. Director's Welcome	Eunice Medina, Director
2. Staffing Updates	
3. MAC Member Updates	Shadda Winterhalter, Strategic Initiatives Specialist
4. Medicaid Enrollment	Lori Risk, Bureau Chief, Eligibility, Enrollment and Member Services Policy and Contracts
5. Advisement: Supplemental Teaching Physician Payment Program	Nika Simmons, Chief of Reimbursements
6. Advisement: Palmetto Pathways to Independence Waiver	Margaret Alewine, Chief of Policy
7. Advisement: Clinic Services Mandatory "Four Walls" Exceptions	
8. Advisement: Palmetto Coordinated System of Care Waiver Sunset	
9. Policy Updates	
Closing Comments	
Adjournment	



**Medicaid Advisory Council
Feb. 11, 2025, Meeting Minutes**

Present

Robert Bank
Sue Berkowitz
Maggie Cash
Anna Conner
Dr. Thompson Gailey
Amy Holbert
Melanie Matney
JT McLawhorn
Raymond Tiller
Amanda Whittle
Vicki Young

Not Present

Graham Adams
Steven Ferrufino
Chief Brian Harris
Constance Holloway

Director's Welcome

SCDHHS Interim Director Eunice Medina welcomed the Medicaid Advisory Council (MAC). She stated the agency submitted its budget request for state fiscal year 2026. She also highlighted some key areas the agency is focusing on including the Graduate Medical Education program, funding additional slots for home and community-based services waivers and current behavioral health initiatives.

MAC Bylaws

Strategic Initiatives Specialist Shadda Winterhalter provided an overview of the requirements and bylaws of the new MAC.

The following question was asked:

1. Will there be a beneficiary advisory committee and how can we nominate beneficiaries for this committee?
 - a. The agency responded it is working on a plan to implement the committee in compliance with federal requirements prior to July 1, 2025. Once the agency is closer to implementation, more information, including the nomination process, will be shared.

Medicaid Enrollment and Redeterminations

Eligibility, Enrollment and Member Services (EEMS) Chief of Policy and Contracts Lori Risk stated the agency is in normal operations and provided an update on South Carolina Healthy Connections Medicaid's enrollment.

There were no questions or comments.

Advisements and Updates

Advisement: Pediatric HIV Clinics

Chief of Policy Margaret Alewine provided an overview of the advisement.

There were no questions or comments.

Advisement: Update to Prior Authorization Requirements for Out-of-state Providers

Margaret Alewine provided an overview of the advisement.

There were no questions or comments.

Advisement: Consolidated Appropriations Act Youth Reentry Requirements

Margaret Alewine provided an overview of the advisement.

The following question was asked.

1. Can you send the juvenile plan amendments or link out to us, please?
 - a. The agency responded that there is minimal language in the state plan amendment, however the agency has an operational plan which provides details on how it will implement the amendment and who it expects it to impact. It also describes how SCDHHS will work with the South Carolina Department of Juvenile Justice and the South Carolina Department of Corrections to identify those who need these services and how the agency will interact with those entities to deliver services in the required timeline.
 - b. The agency stated it would share the operational plan.

Policy Updates

Margaret Alewine provided an update on Healthy Connections Medicaid service and policy changes.

There were no questions or comments.

Federal Grant: Innovation in Behavioral Health (IBH)

Director of Behavioral Health Melanie Hendricks provided an overview of the grant.

The following questions were asked.

1. Will there be a pediatric focus on this grant as well?
 - a. The agency stated the IBH grant focuses on adults 18 and up.
2. Will there be a developmental disabilities element to it?

- a. The agency responded the grant is geared to serve a very specific population. Thus, if there are others with additional condition(s), it can focus on building a payment model to provide delivery of services in a thoughtful way, ensuring the person can easily access needed services.
 - i. The agency later clarified that the grant is designed to serve patients who receive care in 301 clinics and opioid treatment programs and that if individuals with developmental disabilities are being seen in these settings then it would serve them as well.

Federal Grant: Transforming Maternal Health (TMaH)

Acting Deputy Director of Programs Jordan Desai provided an overview of the grant.

The following questions were asked.

- 2. With both grants, how soon do you anticipate identifying provider associations/groups and reaching out to them?
 - a. The agency stated the primary focus of the maternal grant is staffing up internally based on the timeline with CMS to hire staff to implement the model. After the hiring of staff is complete, the agency will perform more outreach, leaning on the South Carolina Birth Outcomes Initiative as the primary vehicle, but also using additional outreach mechanisms as well. The agency stated the IBH is not on the same timeline as the maternal health grant but will follow a similar approach with staffing being the primary focus at first.
- 3. Will there be any focus on pregnant women with substance use disorder (SUD)?
 - a. The agency stated this issue will be addressed as it discusses the intersection between the IBH and TMaH grants. For pregnant women with SUD, the agency wants to test more effective and efficient ways to screen for SUD and connect moms to the care they need quicker based on the screening results.

Closing

The meeting was closed by thanking attendees for their participation. The next MAC meeting will be held May 13, 2025.

Thank you for participating in the
Medicaid Advisory Council.

The meeting will begin shortly.

Medicaid Advisory Council (MAC)

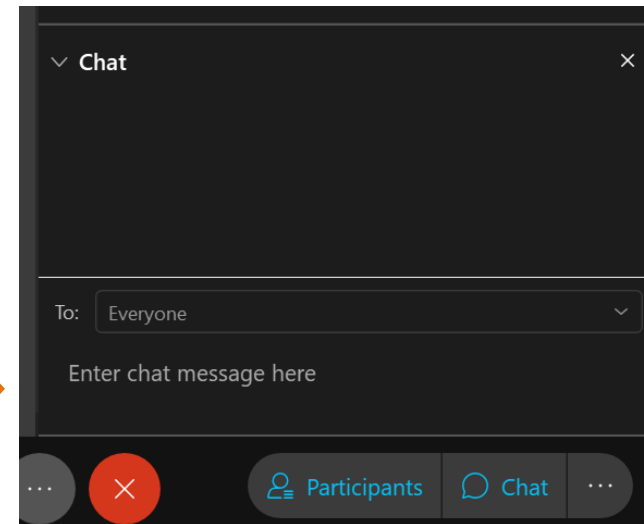
May 13, 2025

**The meeting will begin shortly.
Microphones are muted.
All cell phones are silenced.**

**Thank you for participating in the
MAC meeting.**

Meeting Logistics

- Attendee lines will be muted for the duration of the webinar to minimize disruption.
- MAC members are welcome to comment or ask questions throughout the meeting.
- All other attendees who wish to comment or ask questions should do so during the specified public comment periods.
- Use the chat feature in Webex.



Director's Welcome

Eunice Medina, Director

Staffing Updates

- Eunice Medina, Director
- Jordan Desai, Deputy Director of Health Programs

MAC Member Updates

Shadda Winterhalter, Strategic Initiatives Specialist

MAC Member Updates

- New Member: Steve Boucher, SC Alliance of Health Plans
 - The current MAC member list can be found online at <https://www.scdhhs.gov/about/committees-and-groups#MedicaidAdvisoryCouncilMAC>
- By-laws
- Beneficiary Advisory Council Update
 - We've partnered with **Family Connection of South Carolina** to help establish the **Beneficiary Advisory Council (BAC)**.
 - Family Connection is actively developing the **council bylaws, member roles and responsibilities** and the **recruitment process**.
 - The **MAC** must include **representation from the BAC** to ensure the beneficiary perspective.
 - The BAC will be formally established by **July 1, 2025**, with its **inaugural meeting planned for late July or early August**.
 - For any questions or further information, please contact Shadda Winterhalter at shadda.winterhalter@scdhhs.gov.

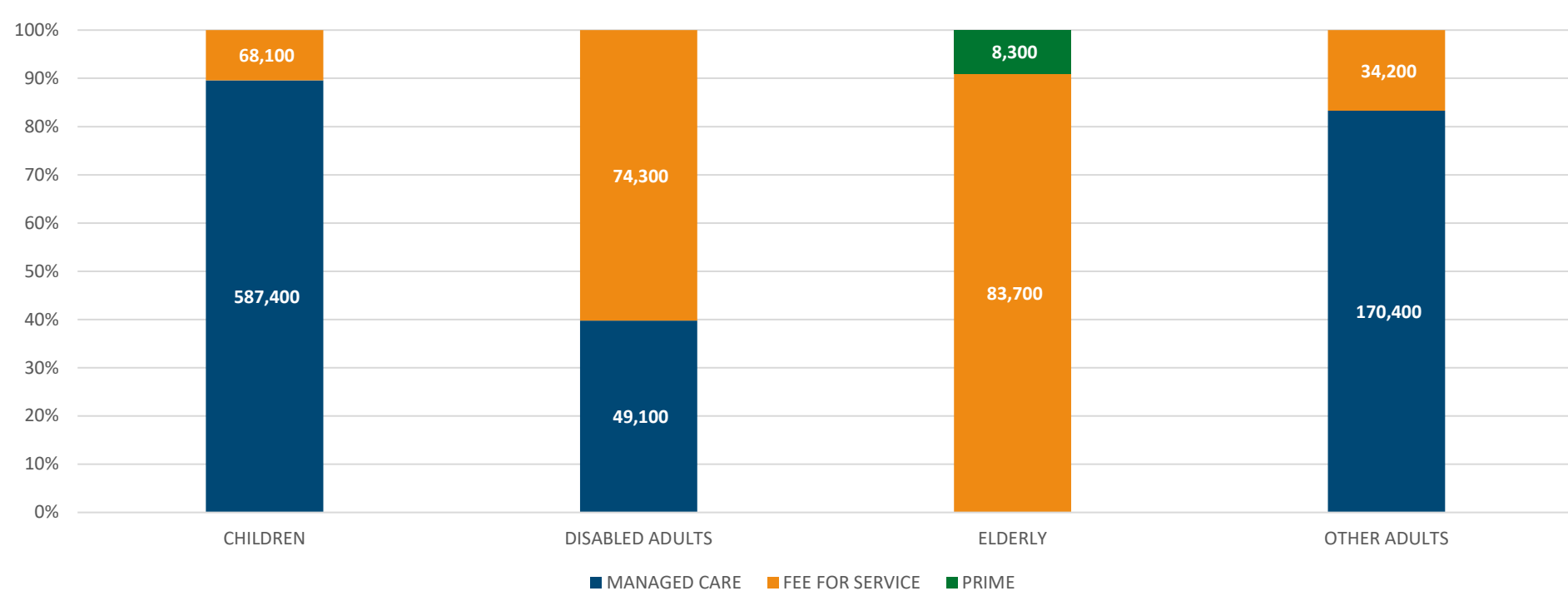
Medicaid Enrollment

Lori Risk, Bureau Chief

Eligibility, Enrollment and Member Services Policy and Contracts

Full-benefit Membership by Population

(as of March 31, 2025)



Total Full-benefit Enrollment: 1,075,599



Supplemental Teaching Physician (STP) Payment Program

Nika Simmons, Chief of Reimbursements

Background

- The South Carolina Department of Health and Human Services (SCDHHS) will update the base year data used for the determination of STP payments under the Centers for Medicare and Medicaid Services (CMS) approved STP average commercial rate (ACR) payment methodology.
- The current STP payment methodology effective April 1, 2025, employs the use of ACR, Medicaid fee-for-service claims experience and STP listings applicable to calendar year 2024 service dates for each STP provider.

Changes

- To update the STP ACR payments for the period April 1, 2025, through March 31, 2026, SCDHHS will employ calendar year 2024 commercial payer rates, Medicaid fee-for-service claims data and updated STP listings for each STP provider.
- The Medicaid fee-for-service claims data will be adjusted by an incurred but not reported factor to account for any incurred calendar year 2024 claims that may pay during the course of calendar year 2025.
- SCDHHS will continue to determine the STP ACR payments on a provider-specific level based upon the use of the ACR per code.
- SCDHHS will submit a state plan amendment for this policy change.

Budget Impact and Effective Date

Budgetary Impact:

- No state match will be incurred by SCDHHS since the state matching funds required for these payments are provided via intergovernmental transfers from the medical universities, non-state-owned governmental hospitals or from the South Carolina Area Health Education Consortium.

Effective Date:

- On or after April 1, 2025

Public Comment

MAC Members and all other attendees who wish to comment, please use the chat feature now.

Advisement: Palmetto Pathways to Independence Waiver

Margaret Alewine, Chief of Policy

Background

- SCDHHS proposes to submit to CMS its request to apply for a **Section 1115 demonstration waiver** for a period of **five years**.
- South Carolina's demonstration waiver seeks to implement a new program, **Palmetto Pathways to Independence**, to provide a health care coverage pathway for families whose income is currently too high to qualify for South Carolina Healthy Connections Medicaid, but too low to qualify for federal subsidies in the federal marketplace.

Program Description and Goals

- The demonstration seeks to establish a new eligibility pathway for individuals who meet the definition of parent caretaker relative (PCR), meet community engagement requirements and have an income that is above 67% of the federal poverty level (FPL) and below 95% FPL with a 5% disregard. This will effectively include individuals with income between 67% and 100% of FPL.
- South Carolina's goals for the demonstration are to incentivize employment and close the health care coverage gap created by the Affordable Care Act. The demonstration will support strategies to:



Qualifying Community Engagement Activities

- **Employment** for no less than 80 hours per month
- Participation in an **adult secondary education program** through a public school district or technical college, including vocational education and training programs, as a full- or part-time student
- Participation in a **degree- or certificate-seeking program** in an accredited institution of higher education as a full- or part-time student
- Compliance with unemployment insurance (UI) **work-search requirements** (first 16 weeks of UI benefits)

- For dual Medicaid-Supplemental Nutrition Assistance Program (SNAP)/ Temporary Assistance for Needy Families members, demonstrated compliance with **SNAP community engagement standards**
- Participation in/compliance with medically necessary **substance use disorder treatments**
- For individuals who are a member of the Catawba Nation, additional qualifying activities may include participation in tribal economic development programs including on-the-job training, the 8(a) Status program or volunteer opportunities through the Catawba Nation

Individuals who do not meet the work or community engagement requirements will be disenrolled from the Palmetto Pathways to Independence waiver program.

Members and Eligibility

- The demonstration waiver will create a new eligibility pathway for adults aged **19 to 64** who:
 - Meet the definition of a PCR at 42 CFR § 435.110;
 - Have an income above 67% and below 95% FPL with a 5% income disregard; and
 - Meet work and/or community engagement requirements.
- Current data indicates that **up to 17,700 individuals are potentially eligible** for the demonstration. However, the state intends to **limit the number of individuals who can be served under the demonstration**, based upon available state funding, to no more than **11,400 members**.
- A **waiting list** will be established if there are more than 11,400 eligible individuals who would like to enroll in the program.

Costs

- The table below illustrates year one through five per member per month (PMPM) projections for the Palmetto Pathways to Independence waiver population.

Palmetto Pathways to Independence Waiver Projected PMPMs

	Demonstration Years (DY)				
	DY 01	DY 02	DY 03	DY 04	DY 05
Est. PMPM	\$870.77	\$903.65	945.22	\$1,001.95	\$1,062.09

- The Palmetto Pathways to Independence program meets the **budget neutrality requirements** for Section 1115 waivers.

Benefits, Cost Sharing and Delivery System

- Both the **benefits** provided under the demonstration and the **cost-sharing requirements** applicable to members will not differ from those provided under the Medicaid State Plan.
- South Carolina does not have cost-sharing requirements in the Medicaid State Plan.
- The delivery system used to provide benefits to the demonstration participants will not differ from the Medicaid State Plan.

Waiver and Expenditure Authorities

- Eligibility
 - SSA Sections 1902(a)(8) and 1902(a)(10)
- Provision of Medical Assistance
 - SSA Section 1902(a)(8)
- Hospital Presumptive Eligibility
 - SSA Section 1902(a)(47)(B)
- 133% Income Level
 - SSA Section 1902(a)(10)(A)(i)(VIII)
- Reasonable Promptness
 - SSA Section 1902(a)(8)

Review of Documents

- The public comment period began on **April 30, 2025**, and concludes on **May 31, 2025**.
- The proposed application request is accessible for public review.
 - On the SCDHHS website at www.scdhhs.gov/cewaiver
 - Can be requested by email at CEWaiver@scdhhs.gov
- Hard copies are also available at:
 - SCDHHS Main Office
1801 Main Street
Columbia, South Carolina, 29201; and
 - All Healthy Connections Medicaid county offices

Submission of Comments

- Interested parties should submit public comments to SCDHHS on the Palmetto Pathways to Independence proposal on or before May 31, 2025. Written comments on the proposal can be submitted electronically or through the mail:
 1. Email to CEWaiver@scdhhs.gov, reference "Palmetto Pathways to Independence" in the subject line.
 2. Written comments may be mailed to:
 - South Carolina Department of Health and Human Services
 - Re: Palmetto Pathways to Independence Waiver
 - P.O. Box 8206
 - Columbia, South Carolina 29202

Public Comment

MAC members and all other attendees who wish to comment, please use the chat feature now.

Advisement: Clinic Services Mandatory “Four Walls” Exceptions

Margaret Alewine, Chief of Policy

Background

- SCDHHS will amend the South Carolina Title XIX State Plan to comply with the CMS final rule amending 42 CFR 440.90, Clinic Services.
- This action will assure coverage for clinic services outside of the “four walls” of the Indian Health Services (IHS) and tribal clinics.

Proposed Changes

- Effective on or after Jan. 1, 2025, SCDHHS will amend the South Carolina Title XIX State Plan to attest to the state's compliance CMS final rule amending 42 CFR 440.90, authorizing a mandatory exception to the Medicaid clinic services “four walls” requirement for IHS and tribal clinics.

Proposed Changes

Budgetary Impact

- SCDHHS does not anticipate a budget impact.

Effective Date

- On or after Jan. 1, 2025

Public Comment

MAC members and all other attendees who wish to comment, please use the chat feature now.

Advisement: Palmetto Coordinated System of Care (PCSC) Waiver Sunset

Margaret Alewine, Chief of Policy

Background

- SCDHHS intends to sunset the PCSC 1915(c) and concurrent 1915(b)(4) no later than its expiration date of July 31, 2025.
- The PCSC waiver was approved with an effective date of Aug. 1, 2020, as part of a comprehensive approach for South Carolina's youth with significant behavioral health challenges or co-occurring conditions in or at imminent risk of out-of-home placement.
- PCSC was designed as an evidenced-based approach that was part of a national movement to develop family driven and youth guided care, and keep youth at home, in school and out of the child welfare and juvenile justice systems.

Background

- During the past five years, SCDHHS collaborated with the South Carolina Department of Children's Advocacy's Continuum of Care Division (COC) to implement the PCSC waiver. Based on assessment of the waiver and limited achievement of outcomes SCDHHS began evaluating necessary actions to sunset the current 1915(c) and concurrent 1915(b)(4) PCSC waiver over the past year.
- The PCSC waiver has experienced a continued decline in waiver enrollment. Additionally, SCDHHS identified the need to make behavioral health services originally intended for the waiver population available through the State Plan to ensure access for a broader group of Medicaid members. SCDHHS has implemented multiple behavioral health services through the State Plan authority.
- In addition, SCDHHS has implemented intensive case management services through the managed care delivery system for designated member groups, including individuals with serious mental illness.

Proposed Changes

- SCDHHS has outlined a transition plan for all current waiver members. Analysis by SCDHHS eligibility staff conducted on each PCSC member has affirmed members will maintain their Medicaid eligibility.
- SCDHHS will ensure each PCSC member enrolled in managed care will receive a warm hand-off to the managed care service delivery system for intensive case management. For the small number of fee-for-service members in the PCSC waiver, COC will continue to deliver intensive case management services for this group.
- While this waiver did not achieve the intended goals, SCDHHS has gained valuable insights through lessons learned and remains committed to aligning the service delivery system to support integrated care for all service needs.

Public Comment

MAC members and all other attendees who wish to comment, please use the chat feature now.

Policy Updates

Margaret Alewine, Chief of Policy

Transcervical Fibroid Ablation

- Effective for dates of service on or after July 1, 2025, SCDHHS is adding coverage of transcervical fibroid ablation (TFA) identified with Current Procedural Terminology code 58580 for full-benefit Healthy Connections Medicaid members.
- TFA is a minimally invasive procedure which uses ultrasound-guided radiofrequency energy to target symptomatic uterine fibroids.
- Treatment for symptomatic uterine fibroids via TFA will be reimbursed without prior authorization when clinical criteria is met and documented in the patient's record.

Home and Community-based Services (HCBS) Provider Manual Updates

- Service definitions and provider requirements updated, including two new services:
 - Caregiver coaching (Intellectual Disability/Related Disabilities waiver)
 - Children's attendant care (Medically Complex Children waiver)
- Updated scope of services for:
 - Personal care
 - Attendant care (self-directed)
 - Institutional respite
 - Pest control
 - Personal emergency response system
 - Children's personal care
- Transitioned policy from CMS-approved statewide transition plan for HCBS setting requirements in alignment with 42 CFR 441.301 (c)(4)

