

Medical Care Advisory Committee (MCAC)
Meeting Agenda

Henry McMaster GOVERNOR
 Robert M. Kerr DIRECTOR
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Agenda		
Date: May 14, 2024	Time: 10 a.m.-12 p.m.	Location: WebEx
Topic	Presenter	
1. Director’s Welcome	Robby Kerr, SCDHHS Director	
2. Medicaid Enrollment and Redeterminations	Lori Risk, Bureau Chief, Eligibility, Enrollment and Member Services Policy and Contracts	
3. Advisement: Retroactive Payment Rates for Intermediate Care Facilities/Individuals with Intellectual Disabilities	Brad Livingston, Chief Financial Officer	
4. Advisement: SC Department of Disabilities and Special Needs (SCDDSN) Early Intervention (EI) Medicaid Rate Updates		
5. Supplemental Teaching Physician Payment Program		
6. Advisement: Autism Spectrum Disorder Services	Margaret Alewine, Bureau Chief, Policy	
7. Targeted Case Management Moratorium Lift and Policy Updates		
8. Peer Support Services		
9. Advisement: Intensive In-home Services - Homebuilders		
10. Advisement: Rate Update for Rehabilitative Behavioral Health Services Provided by Psychologists and Master’s--level Practitioners		
11. Advisement: Inpatient Psychiatric Hospitalization and Psychiatric Residential Treatment Facility Rates		
12. Advisement: Developmental Evaluation Centers Rate Increase		
13. Advisement: Dental Rate Increase for Children and Intellectual Disability and Related Disabilities (ID/RD) Waiver (SC.0237)		
14. Advisement: Rate Update for Rehabilitative Physical, Occupational and Speech Language Therapy		
15. Advisement: Physician Services Rate Update		
16. Advisement: Home and Community-based Services Rate Update		
17. Advisement: Medically Complex Children Waiver Amendment (SC. 0675)		
18. Advisement: ID/RD Waiver Amendment		
19. Policy Updates		
Closing Comments		
Adjournment		



**Medical Care Advisory Committee
Feb. 13, 2024, Meeting Minutes**

Present

John Barber
Sue Berkowitz
Dr. Thompson Gailey
Amy Holbert
Amanda Whittle

Not Present

Graham Adams
Maggie Cash
Dr. Amy Crockett
Chief Brian Harris
Constance Holloway
Tysha Holmes
Michael Leach
Bill Lindsey
Melanie Matney
JT McLawhorn
Dr. Kashyap Patel
Loren Rials
Tricia Richardson
Dr. Keith Shealy
Rebekah Spannagel
Lathran Woodard

Director's Welcome

SCDHHS Director Robby Kerr welcomed the Medical Care Advisory Committee (MCAC) members and thanked them for their participation.

Medicaid Enrollment and Redeterminations

Eligibility, Enrollment and Member Services (EEMS) Chief of Policy and Process Lori Risk presented an update on the annual eligibility review process that restarted April 1, 2023. She reviewed the [annual review dashboard](#) located on the agency website and went over Medicaid's net enrollment and application trends.

There were no questions or comments.

Advisements and Updates

Advisement: Value-based Agreements and Direct Manufacturer Supplemental Rebate Agreements

An overview of the advisement was provided by Chief Medical Director Dr. Kevin Wessinger.



There were no questions or comments.

Advisement: Covered Outpatient Drugs

An overview of the advisement was provided by Dr. Kevin Wessinger

There were no questions or comments.

Advisement: Single Preferred Drug List

An overview of the advisement was provided by Dr. Kevin Wessinger

There were no questions or comments.

The following question was asked.

1. Will the normal prior authorization (PA) process be in place?
 - a. The agency responded there will be a PA process for the preferred drug list (PDL) and it will be very similar to what is currently in place. Managed care organizations can create their own PA process as long as the PDL is the same.

Laboratory Services Update

An update on laboratory services was provided by Chief of Policy Margaret Alewine.

There were no questions or comments.

2024 MCAC Meeting Dates

The listing of 2024 MCAC meeting dates was shared by Director of Project Management Chadwick Knight.

- May 14, 2024, from 10 a.m. to 12 p.m.
- Aug. 13, 2024, from 10 a.m. to 12 p.m.
- Nov. 12, 2024, from 10 a.m. to 12 p.m.

Closing

The meeting was closed by thanking attendees for their participation. The next MCAC meeting date is May 14, 2024.

Thank you for participating in the
Medical Care Advisory Committee.

The meeting will begin shortly.

Medical Care Advisory Committee (MCAC)

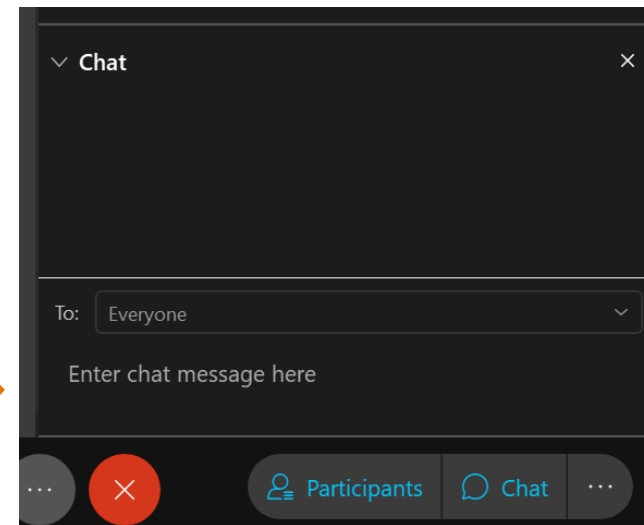
May 14, 2024

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

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

Meeting Logistics

- Attendee lines will be muted for the duration of the webinar to minimize disruption.
- MCAC 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

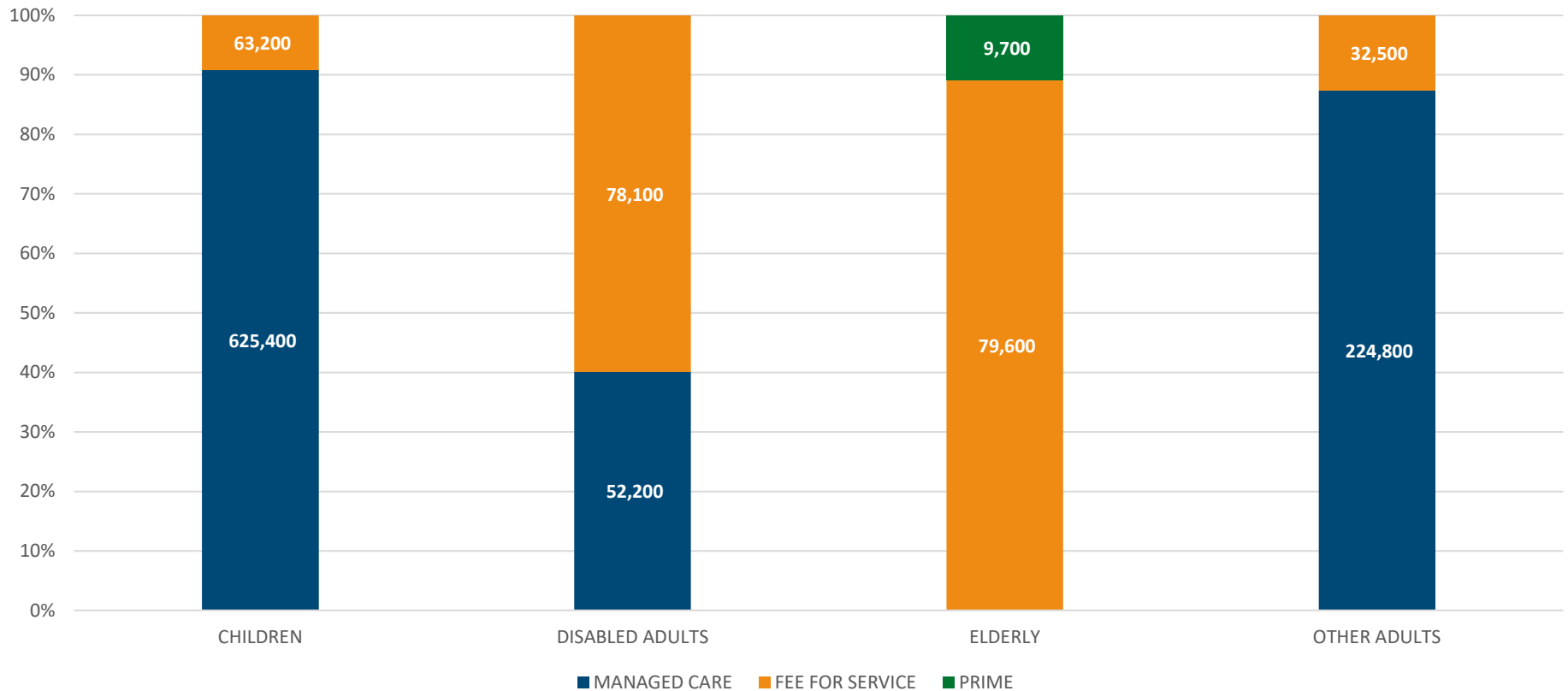
Robby Kerr, Director

Medicaid Enrollment and Redeterminations

Lori Risk, Bureau Chief of Eligibility Policy

Full-benefit Membership by Population

(as of March 31, 2024)



Total Enrollment: 1,165,500



Redeterminations Updates and Activities

- Dashboard
- Auto-renewal rates
- Review form return rates
- Improving efficiencies and capacity
 - Eligibility operations
 - Staff augmentation
 - Federal flexibilities
 - Timeliness and accuracy

Annual Review Dashboard

- Cumulative look at unwinding data
- Data points updated weekly and monthly
- Also includes monthly Centers for Medicare and Medicaid Services (CMS) reports
- www.scdhhs.gov/data-and-research/reports-and-statistics/Medicaid-annual-eligibility-review-dashboard

Annual Eligibility Review Data

Medicaid Annual Reviews	Number	Data Definitions
Total Medicaid members reviewed for eligibility**	1,314,827***	Total number of Healthy Connections Medicaid members whose annual eligibility review has been initiated since the federally required reviews restarted April 1, 2023. This includes full and limited benefit members (ex. individuals who are enrolled in the state's family planning limited benefit program).
Total Medicaid members reviewed for eligibility and renewed*	646,323	Total number of Healthy Connections Medicaid members who have been reviewed and whose coverage has been renewed.
Total Medicaid members reviewed for eligibility and renewed on ex parte basis*	363,999	Total number of Healthy Connections Medicaid members who have been reviewed and automatically renewed based on data SCDHHS was able to access on its own, also known as ex parte renewals.



Current Dashboard Metrics

Total Medicaid members reviewed*	1,314,827
Total members reviewed and renewed*	646,323
Total reviewed and renewed on ex parte basis*	363,999
Total Medicaid members disenrolled through annual reviews*	334,973
Total reviewed and disenrolled*	127,214
Total disenrolled for failure to return form*	206,435
Total disenrolled for procedural reason other than no response*	324
Percentage of review forms successfully delivered via mail**	93.04%
Percentage of review text messages successfully delivered**	86%
Percentage of reviews returned within 90 days**	34.27%
Percentage of reviews returned within 90 days + grace period**	40.96%

Note: Members whose reviews are pending are not listed under "renewed" or "disenrolled" on the dashboard.

*Updated weekly, last updated May 2, 2024; **Updated monthly, last updated April 11, 2024.

Net Enrollment and Application Trends

- Full-benefit Enrollment Point-in-time Data
 - Pre-public health emergency (PHE) (February 2020)—1.06 million
 - Peak of Families First Coronavirus Response Act-era enrollment (May 2023)—1.34 million
 - Current (April 2024)—1.17 million
- Full-benefit Enrollment Trend
 - Enrollment has declined by a net of 170,000 from May 2023-April 2024
 - Enrollment remains 110,000 higher than before the PHE
 - As of April 2024, the South Carolina Department of Health and Human Services (SCDHHS) covers 7,000 more children than prior to the PHE
- New Medicaid Applications
 - April 2023-April 2024—79.5% increase

Advisement: Retroactive Payment Rates for Intermediate Care Facilities (ICF)/Individuals with Intellectual Disabilities (IIDs)

Brad Livingston, Chief Financial Officer

Background

- The South Carolina General Assembly provided state employees with a 5% cost-of-living adjustment (COLA) increase effective July 1, 2023.
- These payment rates are to address this additional cost which is not reflected within the base year cost report.

Changes

- SCDHHS employed the following methodology to reimburse the providers for this cost for services incurred on and after July 1, 2023.
- Approximately 56% of a long-term care facility's total operating cost represents salary expense.
 - Each statewide rate was multiplied by 56% to determine only the salary portion.
 - The salary portion of the rate was multiplied by 5%.
 - The COLA impact was multiplied by applicable percentages for Federal Insurance Contributions Act and retirement as well as the annual increase in health insurance.
- The updated statewide community ICF/IID rate is \$370.30 and the updated statewide institutional ICF/IID rate is \$542.39.

Budget Impact and Effective Date

Budgetary Impact

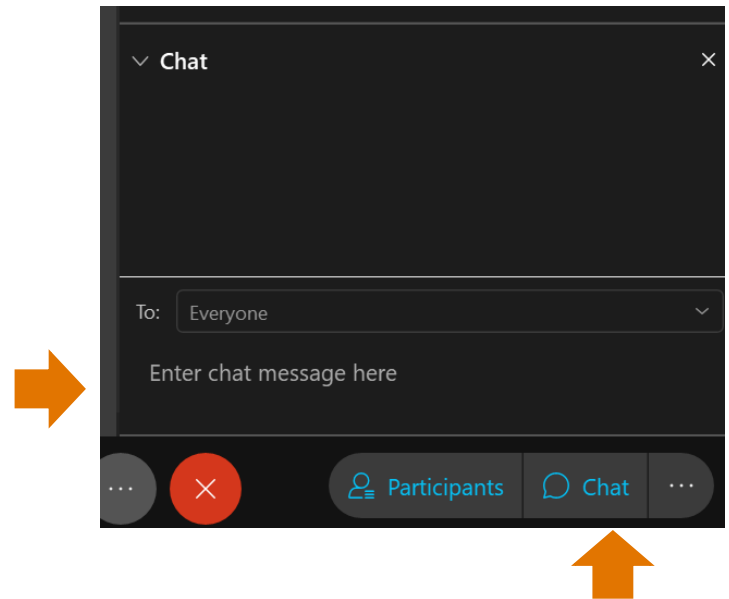
SCDHHS anticipates an annual budgetary impact of \$11 million (total dollars).

Effective Date

On or after July 1, 2023.

Public Comment

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



Advisement: SC Department of Disabilities and Special Needs (SCDDSN) Early Intervention (EI) Medicaid Rate Updates

Brad Livingston, Chief Financial Officer

Background

- SCDHHS is legislatively required to update the current SCDDSN EI rates based on the legislatively approved state fiscal year 2024 cost-of-living adjustment (COLA) increase (5%).

Changes

- SCDHHS will amend the State Plan to update the current SCDDSN EI rates based on the legislatively approved state fiscal year 2024 COLA increase (5%).
- SCDHHS will also recognize the costs of the related increases in annual health insurance and South Carolina retirement system costs.

Changes

- SCDHHS employed the following methodology to reimburse the providers for this cost for services incurred on and after July 1, 2023.
- Approximately 66% of the Early Intervention rate represents salary expense.
 - Each rate was multiplied by 66% to determine only the salary portion.
 - The salary portion of the rate was multiplied by 5%.
 - The COLA impact was multiplied by applicable percentages for Federal Insurance Contributions Act and retirement as well as the annual increase in health insurance.
- The updated EI rates are \$26.46 (Age 0-3) and \$28.49 (Age 3-6)

Budget Impact and Effective Date

Budgetary Impact:

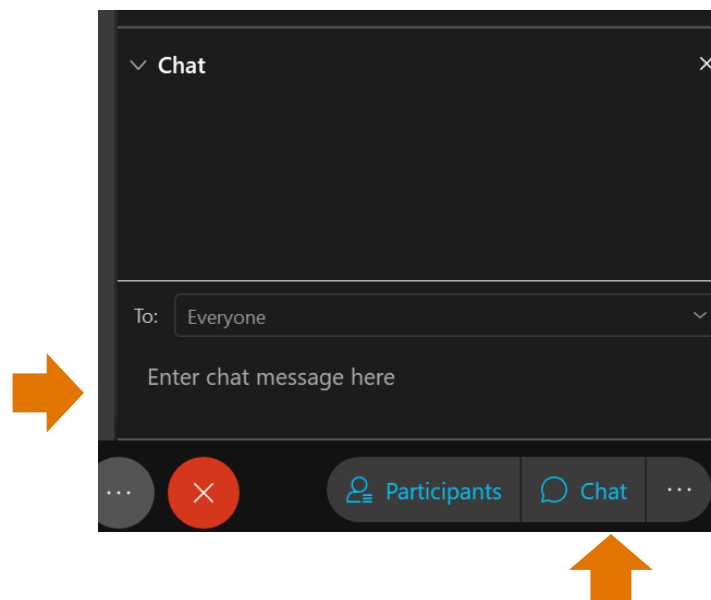
- SCDHHS anticipates a minimum annual budgetary impact of \$1.4 million (total dollars). SCDHHS will provide the state matching funds for these increases.

Effective Date:

- On or after July 1, 2023

Public Comment

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



Supplemental Teaching Physician (STP) Payment Program

Brad Livingston, Chief Financial Officer

Background

- SCDHHS will update the base year data used for the determination of the STP payments under the CMS Medicaid services-approved STP average commercial rate (ACR) payment methodology.
- The current STP payment methodology, effective April 1, 2023, employs the use of average commercial rates, Medicaid FFS claims experience and supplemental teaching physician listings applicable to calendar year 2022 service dates for each STP provider.

Changes

- To update the STP ACR payments for the period April 1, 2024-March 31, 2025, SCDHHS will employ calendar year 2023 commercial payer rates, Medicaid FFS claims data and updated teaching physician listings for each STP provider.
- The Medicaid FFS claims data will be adjusted by an incurred but not reported factor to account for any incurred calendar year 2023 claims that may pay during calendar year 2024.
- 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

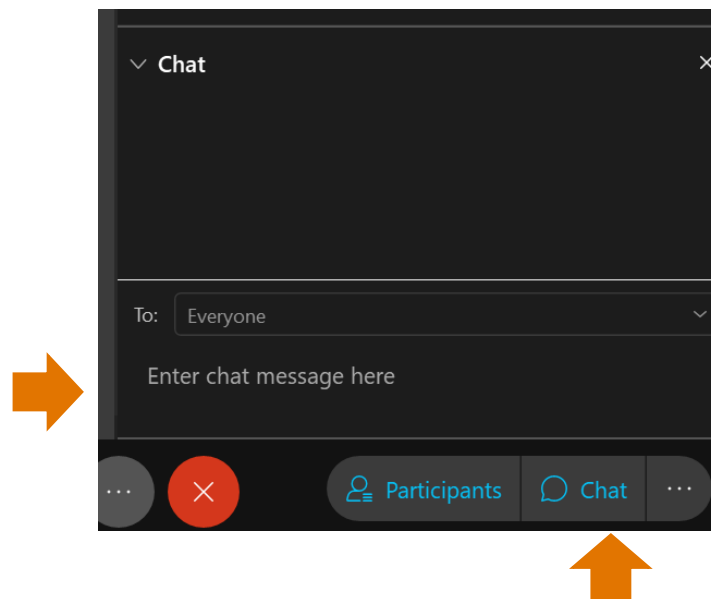
No state match will be incurred by SCDHHS since the state matching funds required for these payments are provided via intergovernmental transfers from the medical universities, non-state-owned governmental hospitals or from the South Carolina Area Health Education Consortium.

Effective Date

On or after April 1, 2024.

Public Comment

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



Advisement: Autism Spectrum Disorder Services

Margaret Alewine, Chief of Policy

Background

- To support needed services for Healthy Connections Medicaid members with autism, SCDHHS will add specialized assessment and treatment service codes specific to this population.
- SCDHHS previously added autism-related service codes in July 2023.
- The additional service codes will complete the available service array for autism spectrum disorder.

Changes

To complete the service array, the following will be added:

- 97152 Behavior Identification Supporting Assessment, by technician
- 97157 Multi-family Group Adaptive Behavior Treatment Guidance
- 0362T Behavior Identification Supporting Assessment
 - Qualified provider with two or more technicians
- 0373T Adaptive Behavior Treatment
 - Qualified provider with two or more technicians

Budget Impact and Effective Date

Budgetary Impact

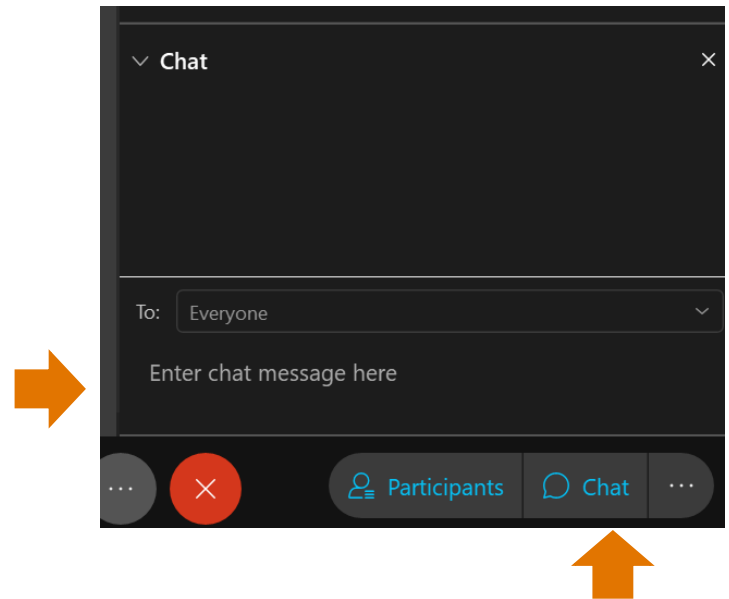
SCDHHS anticipates a budgetary impact of \$1.4 million (total dollars).

Effective Date

On or after July 1, 2024.

Public Comment

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Targeted Case Management (TCM) Moratorium Lift and Policy Updates

Margaret Alewine, Chief of Policy

Background

- In 2016, SCDHHS instituted a moratorium on TCM provider enrollment.
- In 2023, SCDHHS began lifting the moratorium by opening enrollment in South Carolina's counties where data identified the densest areas for high-risk populations meeting criteria for TCM services.
- SCDHHS will implement a full lift of the moratorium on July 1, 2024.

Changes

- In support of the full moratorium lift, the TCM provider manual will be reorganized and updated for current service needs.
- This includes policy and procedure changes in the following areas:
 - Provider enrollment and revalidation;
 - Provider qualifications and training requirements;
 - Scope of services and prior authorization; and
 - TCM forms and templates.
- In addition, the target population has been refined to eliminate duplication of services and to increase provider specialization.

Changes *(cont.)*

These changes are being implemented concurrently with updates to managed care organizations' case management requirements for certain target populations.

Budget Impact and Effective Date

Budgetary Impact

SCDHHS anticipates an FFS budgetary impact of \$550,000 (total dollars).

Effective Date

On or after July 1, 2024.

Peer Support Services

Margaret Alewine, Chief of Policy

Background

- Peer support services are currently offered in the rehabilitative behavioral health services (RBHS) service array; however, they have required training and implementation through a state entity such as the South Carolina Department of Mental Health (SCDMH) or the South Carolina Department of Alcohol and Other Drug Abuse Services (i.e., county substance use authorities).
- Based on best practice guidelines, recent additions to the behavioral health service array have demonstrated the need to serve populations in a variety of locations and through varied modalities beyond outpatient clinic settings.

Changes

To increase opportunities for peer support services across the state, policy will be updated to include the following:

- Private entities may enroll as RBHS providers and offer peer support services;
- Certification of peer support specialists will be required for all private providers; and
- A continuing stay authorization will be required for private providers after 216 units of service (or 54 hours).

Budget Impact and Effective Date

Budgetary Impact

SCDHHS anticipates a budgetary impact of \$1.4 million (total dollars).

Effective Date

On or after July 1, 2024.

Advisement: Intensive In-home Services — Homebuilders

Margaret Alewine, Chief of Policy

Background

- Intensive in-home services are based on the philosophy that the most effective way to help troubled children and youth is by helping their families.
- These services are provided in the home and community in a flexible way to accommodate the needs of the family which increases engagement and investment in the change model.
- SCDHHS added multisystemic therapy in January 2023 to the array of rehabilitative behavioral health services.

Changes

- An additional evidence-based practice, Homebuilders, has been selected for implementation of intensive in-home services for children and adolescents.
- Homebuilders is a well-documented intensive family preservation service.
- Service code/rates/limits:
 - Code: H2022 IIHS — Homebuilders
 - Rate: \$386.80 per diem
 - Service limits: a total of 20 per diems, allowable over a period of six weeks

Budget Impact and Effective Date

Budgetary Impact

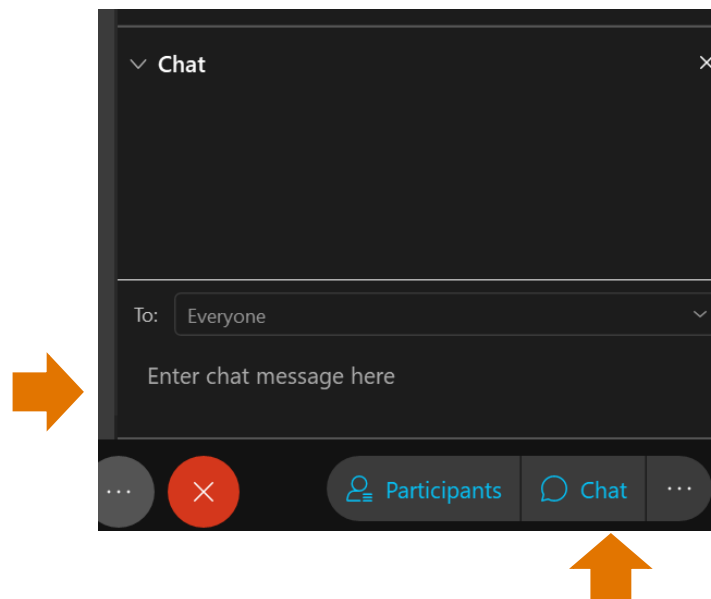
SCDHHS anticipates a budgetary impact of \$3.1 million (total dollars).

Effective Date

On or after July 1, 2024.

Public Comment

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



Advisement: Rate Update for RBHS Services Provided by Psychologists and Master's-level Practitioners

Margaret Alewine, Chief of Policy

Background

- SCDHHS intends to increase reimbursement rates for state plan RBHS provided by licensed psychologists and master's level practitioners.
- SCDHHS is making these updates to support access to RBHS, enhance the state's provider network through greater continuity across fee schedules and improve health outcomes for Medicaid members.

Changes

An across-the-board rate increase of 5% will be added to the following services delivered by psychologists and master's-level practitioners:

- 90791 Psychiatric Diagnostic Evaluation
- 90832, 90834, 90837 Individual Therapy — 30 min, 45 min and 60 min, respectively
- 90846, 90847 Family Therapy w/ Pt present and w/o Pt present, respectively
- 90853 Group Therapy
- H0031 Mental Health Assessment by Non-physician
- H0032 Service Plan Development by Non-physician
- H2011 Crisis Intervention

Budget Impact and Effective Date

Budgetary Impact

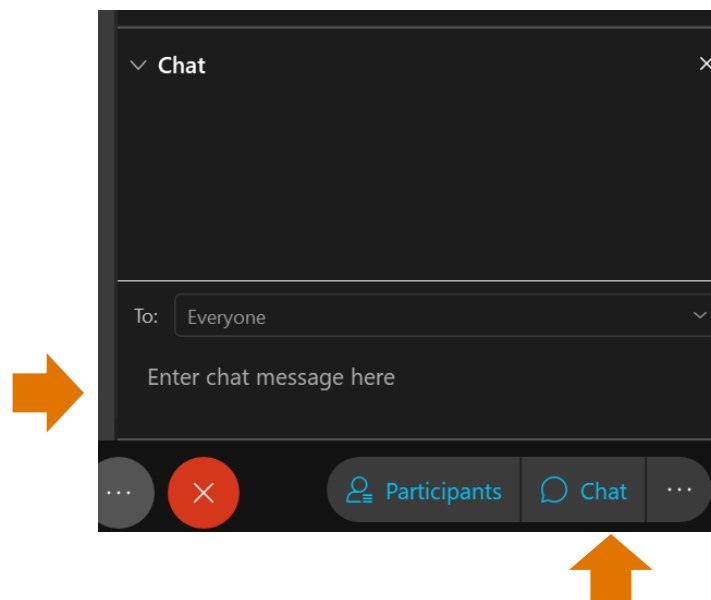
SCDHHS anticipates a budgetary impact of \$2.9 million (total dollars).

Effective Date

On or after July 1, 2024.

Public Comment

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



Advisement: Inpatient Psychiatric Hospitalization and Psychiatric Residential Treatment Facility (PRTF) Rates

Margaret Alewine, Chief of Policy

Background

Inpatient Psychiatric Hospitalization

- Inpatient psychiatric hospitalization in stand-alone psychiatric hospital settings is currently reimbursed through diagnosis-related group payment methodology.
- SCDHHS intends to establish a per diem rate to ensure that inpatient psychiatric care is reimbursed at a level to enhance and support sustainable and efficacious inpatient care.

Changes

- Effective July 1, 2024, stand-alone psychiatric inpatient hospitals will be reimbursed at a per diem rate of \$800.
- SCDMH, already reimbursed through a per diem rate, will receive a rate increase for inpatient services in line with that of stand-alone psychiatric hospitals.

Background

PRTF

- Based on continued market rate analysis, SCDHHS plans to update the per diem rate for PRTF level of care in South Carolina facilities.
- Supporting PRTFs with a sustainable rate ensures more Healthy Connections Medicaid members can remain in South Carolina for care, as opposed to more expensive out-of-state options that place hardships on families due to distance and travel.
- Due to the intensity, specialized training and professionals required to treat individuals with diagnoses such as autism spectrum disorder, SCDHHS is establishing a tiered rate for specialty PRTF services.

Changes

- Effective July 1, 2024, the PRTF per diem rate will be increased to \$525.
- A tiered per diem rate of \$788 will be enacted for specialty PRTF autism services only.
 - Required program and policy guidelines will be available on or after July 1, 2024.

Budget Impact and Effective Date

Budgetary Impact

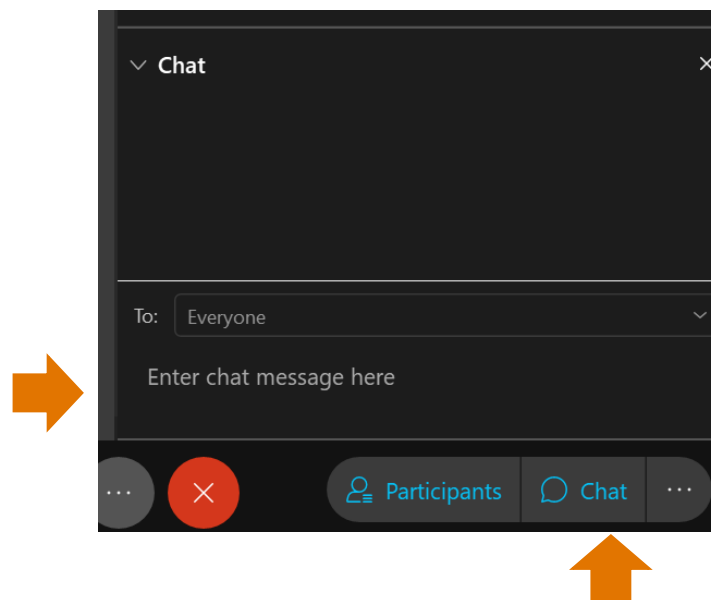
- Inpatient psychiatric hospitalization
 - SCDHHS anticipates a budgetary impact of \$21.5 million (total dollars).
- PRTF increase and tiered autism PRTF rate
 - SCDHHS anticipates a budgetary impact of \$1.8 million (total dollars).

Effective Date

On or after July 1, 2024.

Public Comment

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



Advisement: Developmental Evaluation Centers (DECs) Rate Increase

Margaret Alewine, Chief of Policy

Background

- In accordance with S.C. Code Ann. §44-21-80 (2018), there are three regional DEC's that provide developmental/behavioral/neurodevelopmental evaluations for children.
- An array of screening, assessment and care coordination services, encompassed within five procedure codes, are common to all DEC's.

Changes

- Based on recent analyses, SCDHHS will implement a 17.5% increase in unit rates for the services provided in DEC.
- SCDHHS is making these updates to support access to specialized services and improve health outcomes for Medicaid members.

Budget Impact and Effective Date

Budgetary Impact

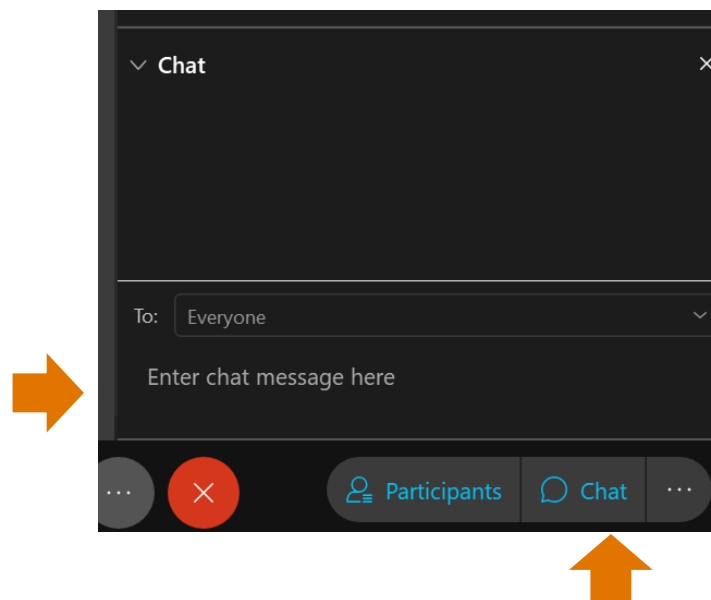
SCDHHS anticipates an FFS budgetary impact of \$1 million (total dollars).

Effective Date

On or after July 1, 2024.

Public Comment

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



**Advisement:
Dental Rate Increase for Children and
Intellectual Disability and Related Disabilities
(ID/RD) Waiver (SC.0237)**

Margaret Alewine, Chief of Policy

Background

- SCDHHS intends to increase reimbursement rates for state plan dental services for Medicaid members under the age of 21 years.
- This rate increase will also apply to dental services provided to ID/RD waiver members under the home and community-based waiver authority.

Changes

- Percentage of rate increases vary per procedure code.
- Priority was given to services that:
 - Improve access and oral health outcomes for Medicaid members
 - Reduce administrative burden for providers and SCDHHS
- Priority services were identified in consultation with the dental provider community.

Changes *(cont.)*

Select procedure codes in the following categories will receive rate increases:

- Examination
- Radiograph
- Prevention
- Restorative
- Endodontic
- Prosthodontic
- Oral Surgery
- Ancillary

Budget Impact and Effective Date

Budgetary Impact

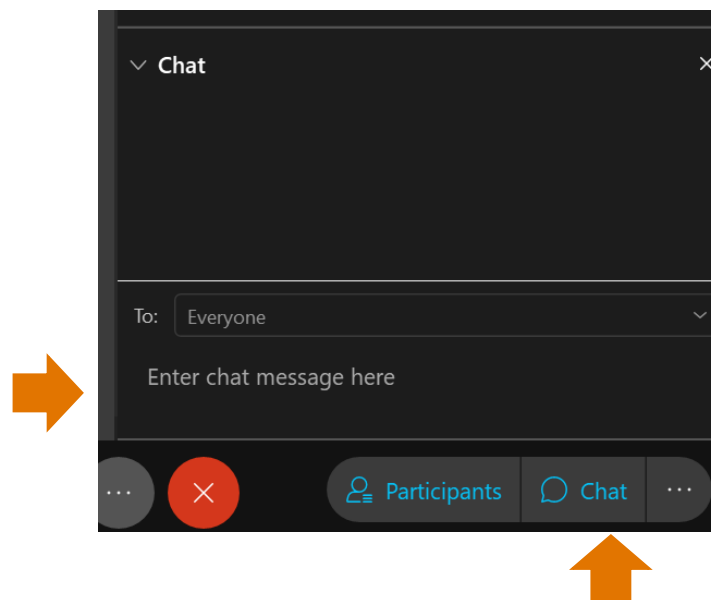
The fiscal impact of the rate increases is expected to be \$19.6 million (total dollars) annually.

Effective Date

On or after July 1, 2024.

Public Comment

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



Advisement: Rate Update for Rehabilitative Physical, Occupational and Speech Language Therapy

Margaret Alewine, Chief of Policy

Background

- SCDHHS intends to increase reimbursement rates for state plan rehabilitative physical, occupational and speech-language therapy services for full-benefit Healthy Connections Medicaid members.
- Under the 1915(c) home and community-based waiver authority, this rate increase will also apply to rehabilitative therapy services for Head and Spinal Cord Injury waiver members.
- SCDHHS is making these updates to support access to rehabilitative therapy services, enhance the state's provider network and improve health outcomes for Medicaid members.

Changes

- SCDHHS will amend the South Carolina Title XIX State Plan to update the reimbursement methodology for covered rehabilitative physical, occupational and speech-language therapy services as follows:
 - The rates for occupational and physical therapy services will be set at 83% of the 2024 Medicare physician fee schedule. Certain general therapy services will be set at 70% of the 2024 Medicare physician fee schedule.
 - The rates for speech therapy services will be set at 83% of the 2024 Medicare physician fee schedule. Reimbursement for specific time-based speech therapy services and those services that would have resulted in reduction will remain unchanged.
- These rate increases apply to occupational, physical and speech-language therapy services delivered by independent rehabilitative and speech-language pathology providers, comprehensive outpatient rehabilitative facilities and local education agencies.

Budget Impact and Effective Date

Budgetary Impact

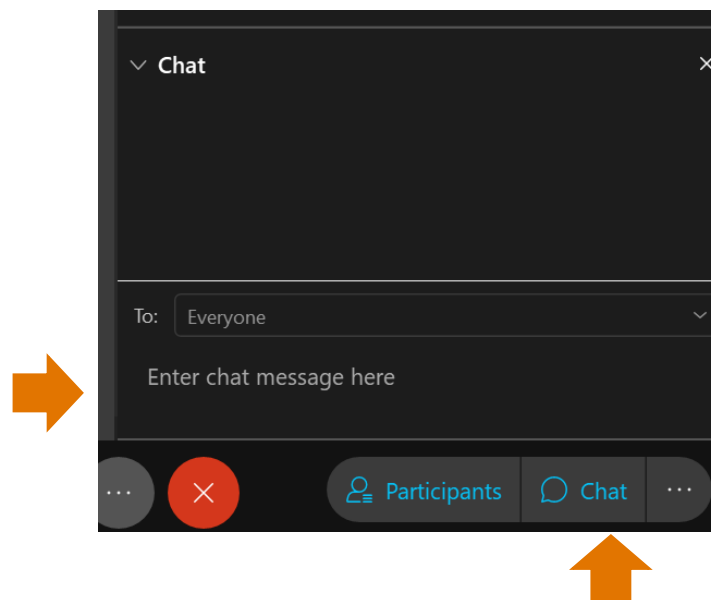
The fiscal impact of the rate increases is expected to be approximately \$10 million (total dollars) annually.

Effective Date

On or after July 1, 2024.

Public Comment

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





Advisement: Physician Services Rate Update

Margaret Alewine, Chief of Policy



Background

- SCDHHS will amend the South Carolina Title XIX State Plan to update the physician services reimbursement methodology.
- SCDHHS is making these changes to support access to physician services, enhance the state's provider network and improve health outcomes of Medicaid members.

Proposed Changes

- Effective on or after July 1, 2024, SCDHHS will amend the South Carolina Title XIX State Plan to update the physician services reimbursement methodology based on the 2024 Medicare physician fee schedule.
- The Medicaid base rates will apply to the calculations for the advanced practice providers' rates and the qualifying providers' enhanced rates as currently indicated in the State Plan.

Budget Impact and Effective Date

Budgetary Impact

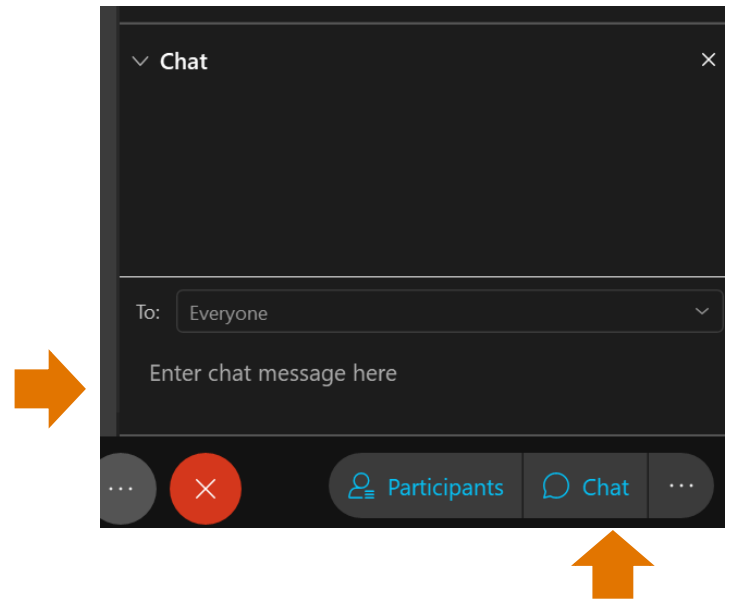
The fiscal impact of the rate increases is expected to be \$21.7 million (total dollars) annually.

Effective Date

On or after July 1, 2024.

Public Comment

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



Advisement: Home and Community-based Services (HCBS) Rate Update

Margaret Alewine, Chief of Policy

Background

- SCDHHS will amend the South Carolina Title XIX State Plan to update the private duty nursing services rates. SCDHHS is also increasing specific reimbursement rates for selected HCBS provided through the state's 1915(c) waiver programs.
- SCDHHS is making these changes to support access to HCBS and state plan services, enhance the state's provider network and improve health outcomes of Medicaid members.

Proposed Changes

- Effective on or after July 1, 2024, SCDHHS will amend the South Carolina Title XIX State Plan to update private duty nursing service rates. Rates for HCBS in-home nursing will also be increased.
- The new rates will be reflected on the HCBS waiver fee schedule as follows:

Description	Procedure Code	Current Rate	New Rate
Enhanced nursing services*	T1002	\$45/hr.	\$50/hr.
Nursing services (in-home)	S9123	\$42/hr.	\$47/hr.
*Enhanced nursing (for children with complex medical conditions)			

Proposed Changes *(cont.)*

Effective on or after July 1, 2024, reimbursement rates for HCBS will be increased and reflected on the HCBS waiver fee schedule as follows:

Description	Procedure Code	Current Rate	New Rate	Affected Waivers
Adult day health care	S5102	\$64/day	\$72/day	Community Choices (CC), Community Supports (CS), ID/RD
Home-delivered meals	S5170	\$6.40/unit	\$7.40/unit	CC, HIV/AIDS, and Ventilator Dependent (VENT)
Nutritional supplements	X1939	Varies per fee schedule	25% increase	CC, HIV/AIDS, Vent
Pest control	S5121	\$45/treatment	\$66.50/treatment	ID/RD, HASCI
Pest control	S5121	\$42.75/treatment	\$66.50/treatment	CC, HIV/AIDS, Vent

Proposed Changes *(cont.)*

Effective on or after July 1, 2024, reimbursement rates for the HCBS will be increased and reflected on the HCBS waiver fee schedule as follows:

Description	Procedure Code	Current Rate	New Rate	Affected Waivers
Residential Habilitation	T2016 – U8	\$472.52/day	\$514.97/day	ID/RD, HASCI
Residential Habilitation	T2016 – U7	\$402.36/day	\$439.06 /day	ID/RD, HASCI
Residential Habilitation	T2016 – U6	\$340.49/day	\$370.82/day	ID/RD, HASCI
Residential Habilitation	T2016 – U5	\$291.02/day	\$316.23/day	ID/RD, HASCI
Residential Habilitation	T2016 – U4	\$246.85/day	\$267.49/day	ID/RD, HASCI
Residential Habilitation	T2016 – U3	\$101.42/day	\$104.46/day	ID/RD, HASCI

Budget Impact and Effective Date

Budgetary Impact

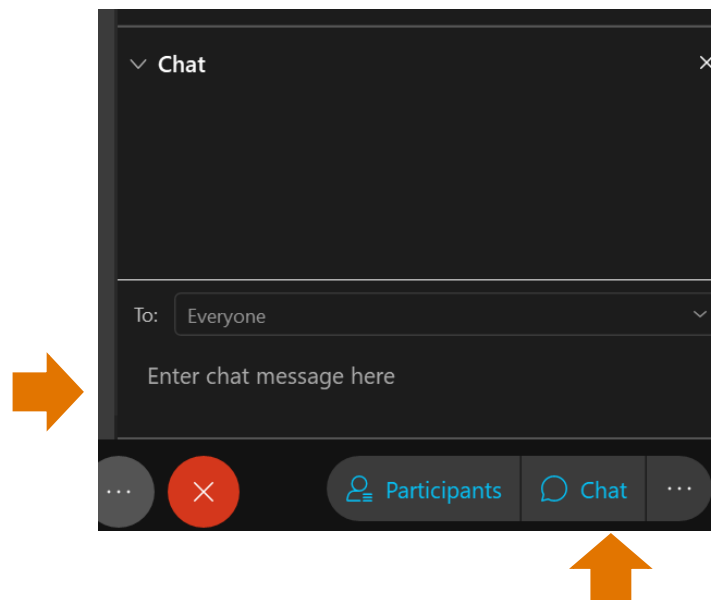
The fiscal impact of the rate increases is expected to be \$15.8 million (total dollars) annually.

Effective Date

On or after July 1, 2024.

Public Comment

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



Advisement: Medically Complex Children (MCC) Waiver Amendment SC.0675

Margaret Alewine, Chief of Policy

Background

- SCDHHS intends to file a waiver amendment with CMS for the MCC SC.0675 1915(c) waiver.
- The purpose of the amendment is to add self-directed attendant care as a service to the waiver.

Background *(cont.)*

- Established in 2008
- Serves Medicaid-eligible children aged birth to 21 with chronic physical/health condition(s) expected to last at least 12 months
- Applicants must meet hospital level of care
- Current census: **1,834***

**As of April 2024*

Covered Services

- Nurse care coordination
- Respite
- Environmental modifications
- Pediatric medical day care
- Attendant care*

**Service impacted by current amendment*

Changes

- Attendant care for children enrolled in the MCC waiver is defined as extensive hands-on assistance for at least two of the seven key activities of daily living (ADL) (i.e., bathing, dressing, eating, toileting, hygiene, mobility and transferring).
- An evaluation by a licensed professional determines when a child who has not reached the developmental milestones for his or her chronological age for the ADLs is considered to require assistance with ADLs.
- MCC attendant care is intended to provide **extraordinary** direct care services to children aged birth through 20 who need hands-on assistance with ADLs that cannot be completed in an age-appropriate manner.

Changes *(cont.)*

- **Extraordinary** care exceeds the range of activities that a legally responsible individual would ordinarily perform in the household on behalf of a person without a disability chronic illness of the same age, and which are necessary to assure the health and welfare of the participant and avoid institutionalization.
- Attendants must meet all South Carolina Medicaid provider qualifications and demonstrate competency in caring for the participant.
- The service is subject to electronic visit verification requirements.
- The service must be medically necessary and is furnished in the participant's home.

Budget Impact and Effective Date

Budgetary Impact

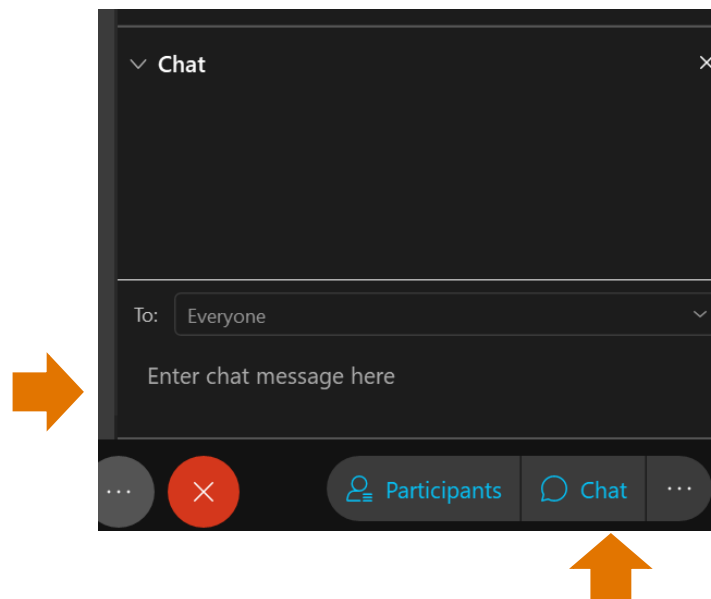
SCDHHS anticipates an annual budgetary impact of \$6 million (total dollars).

Effective Date

On or after Oct. 1, 2024.

Public Comment

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



Advisement: ID/RD Waiver Amendment (SC.0237)

Margaret Alewine, Chief of Policy

Background

- SCDHHS intends to file a waiver amendment with CMS for the ID/RD (SC.0237) 1915(c) waiver operated by the South Carolina Department of Disabilities and Special Needs.
- The purpose of the amendment is to add the caregiver coaching service to the ID/RD waiver to provide training and support to family caregivers of waiver participants with an assessed need for behavior supports.

Background *(cont.)*

- Established in 1991
- Serves Medicaid-eligible participants of all ages with a level of care consistent with individuals with a diagnosis of intellectual or related disability
- Current census: **8,487***

**As of April 2024*

Covered Services

- Adult Day Health Care
- Adult Day Health Care Nursing
- Adult Attendant Care
- Case Management
- Employment Services
- Environmental Modifications
- Residential Habilitation
- Incontinence Supplies
- Nursing Services
- Audiology Services
- Adult Vision
- Adult Dental Services
- Personal Care Services
- Personal Emergency Response System
- Pest Control
- Independent Living Skills
- Behavior Support Services*
 - Caregiver Coaching*
- Career Preparation Services
- Day Activity
- Respite Care
- Specialized Medical Equipment, Supplies and Assistive Technology
- Specialized Medical Equipment, Supplies and Assistive Technology Assessment and Consultation
- Private Vehicle Modifications/Consultation
- Community Services
- Adult Companion Services
- Support Center Services

**Services impacted by current amendment*

Changes

- Caregiver coaching provides a support system to caregivers who are caring for family members with challenging behaviors.
- Coaches are responsible for conducting a structured assessment of the family caregiver to determine the caregiver's strengths and needs. This enables the caregiver's ongoing support of the waiver participant as well as encourages caregiver self-care needs to mitigate the risk of burnout.
- The caregiver assessment informs the initial and ongoing development of the caregiver coaching plan.

Changes *(cont.)*

Behavior supports are those services which use current empirically-validated practices to identify functions of target behaviors; prevent the occurrence of problem behavior; teach appropriate, functionally equivalent replacement behavior; and react to problematic behavior.

Budget Impact and Effective Date

Budgetary Impact

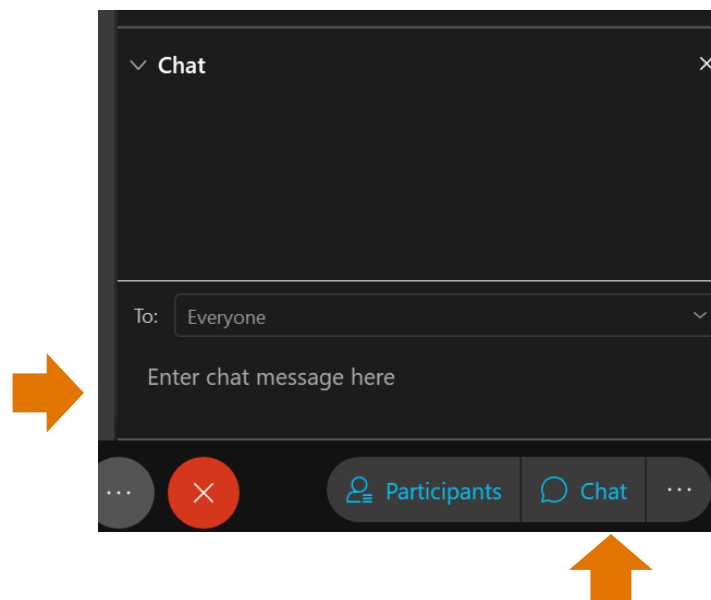
SCDHHS anticipates an annual budgetary impact of \$374,237 (total dollars).

Effective Date

On or after Oct. 1, 2024.

Public Comment

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





Policy Updates

Margaret Alewine, Chief of Policy



Continuous Glucose Monitoring (CGM) Coverage

- Effective July 1, 2024, SCDHHS is expanding its existing coverage for CGM to align with the most recent CMS coverage guidelines and American Diabetes Association recommendations as follows:
 - Type 1 diabetes mellitus
 - Gestational diabetes
 - Type 2 diabetes with one of the following:
 - Any type of insulin dependency
 - Non-insulin treated diabetes who have recurrent moderate (Level 2) or at least one severe (Level 3) hypoglycemic event
- Primary care, Ob-Gyn, and endocrinology providers may prescribe CGM
- CGM will be allowed through the durable medical equipment and pharmacy benefit

Federally Qualified Health Center (FQHC) Manual

- SCDHHS is updating the FQHC provider manual. This manual will combine information currently located in the Physician Services Provider Manual and the FQHC Behavioral Health Provider Manual.
- The new manual will provide a cohesive, user-friendly reference for providers.
- SCDHHS will seek stakeholder input during a comment period and will develop provider training to be held after the manual is published on the website.
- SCDHHS plans to publish the updated FQHC provider manual no later than Aug. 1, 2024.

Rural Health Clinic (RHC) Manual

- SCDHHS is updating the RHC provider manual. This manual will combine information currently located in the Physician Services Provider Manual and the RHC Behavioral Health Provider Manual.
- The new manual will provide a cohesive, user-friendly reference for providers.
- SCDHHS will seek stakeholder input during a comment period and will develop provider training to be held after the manual is published on the website.
- SCDHHS plans to publish the RHC manual no later than Aug. 1, 2024.

