

**South Carolina Department of Health and Human Services  
Medical Care Advisory Committee  
Item for Committee Advisement**

**PREPARED BY:** Roy Smith and Sherry Everett

**PRESENTED BY:** Pete Liggett

**DATE:** September 10, 2014

**SUBJECT:** Amendment of the three 1915c Home and Community Based Services Waivers operated by the Division of Community Long Term Care: Community Choices (CC), Mechanical Ventilator Dependent Waiver (Vent) and HIV/AIDS

**OBJECTIVE:** Amendments will increase the potential number of participants and add Adult day health care nursing (ADHC-N) service to the CC waiver; add Case Management as a waiver service, and add nutrition supplements and home delivered meals to the Vent Waiver; and provide language clean up to all three waivers (CC, Vent and HIV/AIDS).

**BACKGROUND:**

Community Choices Waiver: SCDHHS has a policy to enroll applicants into this waiver without placing them on a waiting list. This means that all fully qualified applicants are able to access the home and community-based services available in this waiver. In the past, applicants were subject to being placed on a waiting list which limited the number of people served. In addition, the agency has adopted policies which serve to expedite enrollment into the waiver.

The result of this is that the numbers served in the waiver have grown faster than was projected when the five year estimates were made (this waiver began its fourth year of the current approval July 1, 2014). In order to be in compliance with federal requirements, an amendment must be requested which will increase the number of people allowed to be served in the waiver program.

The second change for this waiver is to add the ADHC-N service. Persons attending adult day health care centers often have skilled medical needs. This service reimburses the facility for providing certain skilled nursing services (ostomy care, urinary catheter care, wound care, tracheostomy care, tube feedings and nebulizer treatments that require medication). This service was a part of the waiver program for a number of years but was removed as a cost saving measure during the Great Recession.

Mechanical Ventilator Dependent: Presently case management for participants in this waiver is performed by State employed Registered Nurses as an administrative service. This was done because of the extensive medical needs of this population. However, these nurses have many other duties and many aspects of case management do not fully utilize their medical training. This amendment will make case management a new waiver service that will be provided by provider case managers (usually licensed social workers). State nurse consultants will be available to consult with case managers when necessary.

Contracted case management agencies and independent case managers will be reimbursed for

providing this service. Reimbursement will be billed in 15 minute increments, as it is currently billed in the CC and HIV/AIDS waivers. Additionally, this change will allow State nurse consultants to commit more time to their many other responsibilities, such as completing initial waiver assessments to determine waiver medical eligibility and enrollment.

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

Community Choices, Mechanical Ventilator Dependent and HIV/AIDS: Due to changes in the State's organizational structure and some technical changes in the flow of billing and claims filing, language cleanup is necessary to accurately reflect these changes.

### **BUDGETARY IMPACT:**

Community Choices: The census increase will allow the State to provide services for all qualified applicants. Since this program is an alternative to more costly nursing facility services, it is anticipated that there will be no additional agency cost, with the possibility of reducing expenditures if nursing facility services are utilized to a lesser amount as a result of this change.

Based upon historical data for when the ADHC-N service was included in the waiver, the estimated cost is under \$200,000 total dollars per year.

Mechanical Ventilator Dependent Waiver: Adding case management as a waiver service will cost approximately \$30,000 – 40,000 per year. However, this will be largely offset in freeing RN time for other responsibilities. Nutritional supplements and home delivered meals services will cost approximately \$50, 000 per year.

**EXPECTED OUTCOMES:** Increasing the census in the CC waiver will allow additional eligible applicants to enroll in the waiver and receive services as appropriate. Adding ADHC-N will allow current and potential participants to receive an additional service, if needed, to remain in his/her home. Participants in the Vent waiver will continue to receive case management services without an interruption of the service. Additionally, State nurse consultants will be able to focus on other waiver activities and case management providers will receive reimbursement for services provided. Language clean up to the three Community Long Term Care waivers will accurately reflect organizational and technical changes.

**EXTERNAL GROUPS AFFECTED:** These changes will affect current and potential participants, State nurse consultants, and contracted case management and adult day health care providers.

Notification of the intent to file these amendments has been circulated to the listserv of interested parties maintained, by the SCDHHS, who have requested notification of waiver amendments and renewals. Copies of these amendments will be posted to the SCDHHS website at the time they are filed with Centers for Medicare and Medicaid Services (CMS).

**RECOMMENDATION:** Submit waiver amendments to CMS for approval.

**EFFECTIVE DATE:**

Community Choices: The census increase is a count of the census for the entire waiver year so this amendment will allow the agency to continue to add participants at all points during the year. The ADHC-N service is targeted to be implemented effective January 1, 2015. The language cleanup will be effective from the beginning of the waiver year, 7/1/2014.

Mechanical Ventilator Dependent: Adding case management waiver service, nutritional supplements and home delivered meals and language clean up effective date of 12/1/14.

HIV/AIDS: Language clean up effective date of 5/1/2015, which coincides with the effective date for Healthy Connections Prime Phase II amendment to this waiver. Details of the Healthy Connections Prime Phase II amendments are presented under a different MCAC agenda item.