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Medical Care Advisory Committee (MCAC)
August 18, 2020
SCDHHS, 1801 Main Street, Columbia, South Carolina 29202
10:00AM-12:00PM

I. Welcome by Director

II. Advisements

- COVID-19 Nursing Facility Add-On Rate
Jeff Saxon, Program Manager, Finance and Administration
- Palmetto Coordinated System of Care (PCSC) Waiver Amendment
Nicole Mitchell Threatt, Deputy Director, Long Term Living

SCDHHS Updates

- Eligibility, Enrollment and Member Services (EEMS)
- Institution for Mental Diseases (IMD) Exclusion Exception for Pregnant Women and Postpartum Women
- Early Intervention/Family Training Services Program Rate
- COVID-19

III. Public Comment

IV. Closing Comments

V. Adjournment

**Medical Care Advisory Committee
May 12, 2020 Meeting Minutes**

Present

Graham Adams
Sue Berkowitz
William Bilton
Maggie Cash
Dr. Tom Gailey
Michael Leach
J.T. McLawhorn
Tricia Richardson
Amanda Whittle
Lathran Woodard

Not Present

John Barber
Dr. Amy Crockett
Chief Bill Harris
Amy Holbert
Tysha Holmes
Bill Lindsey
Melanie Matney
Dr. Kashyap Patel
Mary Poole
Loren Rials
Dr. Jennifer Root
Dr. Keith Shealy

Introduction

Director Baker provided an overview of the run of show for the meeting, which was conducted via WebEx. Director Baker explained that the department will address four advisements, all of which have been discussed at MCAC in some form in the past. The department stated that the packet for today's meeting will be distributed to MCAC members later in the day.

Director Baker stated that in addition to the advisements that the department will address in today's meeting, the department has taken multiple actions in response to the COVID-19 public health emergency about which committee members are likely to have questions and committed to answering questions about the department's response during the meeting.

Director Baker stated that department staff will reach out to MCAC members shortly to schedule monthly updates in between the regularly scheduled quarterly MCAC meetings to provide the committee with the ability to ask questions related to the department's emergency response. Director Baker committed to holding the meetings as public meetings to promote full transparency and stated that the purpose of these additional meetings is to provide stakeholders to gain access to information during the emergency response.

Director Baker advised that public comment and questions during today's MCAC meeting will be submitted through the chat function of the WebEx presentation. Questions will then be read and answered by the department.

Advisements

Advisement: The South Carolina Medicaid Supplemental Teaching Physician Payment Program

An overview of the advisement was provided by Jeff Saxon, Program Manager, Finance and Administration.

The following questions were asked:

1. Did you send out the advisement ahead of time?
 - a. SCDHHS responded that it did not send out the advisements ahead of the meeting, that each topic has been addressed with the committee before.
2. Will copies be sent after the call?
 - a. SCDHHS responded that not all advisements are final; that the department will schedule a follow-up call if there are other questions in addition to the monthly updates; that all of these items will be left open before they are submitted (none of the items are required to be submitted until the end of the quarter); and, that the materials and presentations used on the call will be distributed after the call has ended.

Advisement: Covered Outpatient Drugs State Plan Amendment

An overview of the advisement was provided by Bryan Amick, Deputy Chief of Staff

No questions were asked

Advisement: 12-month Supply of Contraceptives

An overview of the advisement was provided by Bryan Amick, Deputy Chief of Staff

The following question was asked:

1. Do patients who are seen in June not get the 12-months?
 - a. SCDHHS responded that systems changes won't be made to accommodate the 12-month supply until July. This keeps with the department's goal of providing a consistent, quarterly policy release approach meaning that coverage changes will generally begin on July 1 or Jan. 1. The department clarified that there is no actual change to regulation or practice act standards and that this change is not a mandate, it is something SCDHHS will reimburse for if the prescriber is comfortable, the pharmacy is capable, and the beneficiary seeks. The department also clarified that it will continue to reimburse for a 30-day, 90-day or 180-day supply that were covered up until this policy change.

Advisement: Updated Pricing Methodology for Vision and Anesthesia Providers and Private Duty Nursing and Pediatric Day Care Services (Pricing Project- Phase II)

An overview of the advisement was provided by Bryan Amick, Deputy Chief of Staff

Prior to the overview of the advisement, the department stated that it has not decided to back off this phase of its pricing project as a result of the uncertainty related to the coronavirus.

The following questions were asked:

1. Is there a written document explaining this?
 - a. The department responded that there are two documents, one that is publicly available that will be sent to the group and was detailed in the department's original budget request, the department will also produce a document for the committee that includes

the exact amounts and will take questions from the committee on the specifics included in that document in June.

2. Will the packet be sent?
 - a. SCDHHS stated that the document will be distributed shortly after the call and a June update will be booked and that bulletins and public notices will be sent, and the department will receive comments through its website.
3. Is SCDHHS still working on community engagement or is it being put off?
 - a. SCDHHS responded that the approval of the waiver by CMS, which took place after many months of public comment and negotiation with CMS. The department stated that it was negotiating with CMS over the authorities it was granted and the implementation and evaluation plans in the middle of the public health emergency. The department stated it had already had conversations with CMS about slowing down implementation based on the coronavirus and when Congress passed the Families First Coronavirus Response Act it included a provision that said it could not have more restrictive policies or procedures in place than it had on Jan. 1, 2020. Because of this legislation, SCDHHS is not currently allowed to implement the waiver and has not yet fully negotiated the new implementation timeline with CMS and will not know the end date until the end of the emergency is declared by the U.S. Department of Health and Human Services.
4. Is there an update on the contraceptive care management 1115 waiver?
 - a. SCDHHS responded that CMS has still not approved the waiver and that it does not appear that it will receive an update from CMS until CMS' coronavirus-related activity slows down.
5. Will SCDHHS implement community engagement on the start date mentioned in the waiver?
 - a. SCDHHS responded that it will not implement the waiver on the original start date and that it does not know what the new start date will be?

SCDHHS concluded the formal portion of the meeting. SCDHHS provided an update on the policy announcements the department has made under emergency authority since the states of emergency were declared related to the coronavirus

Coronavirus Update

Presentation: A PowerPoint was presented titled "South Carolina Department of Health and Human Services COVID-19 Update," which was included in the publicly available packet

The PowerPoint was presented by Director Baker

Director Baker paused for questions and the following question was asked:

1. Have there been any issues with staffing for eligibility?
 - a. SCDHHS responded that it will address eligibility specifically later in the meeting. The department noted that it anticipates upward pressure on eligibility as a result of provisions of the Families First Coronavirus Response Act and general economic conditions. The department also expects downward pressure on eligibility because most county offices have been closed to walk-in traffic from the public and because many individuals have been reluctant to leave their homes. The department also stated that individuals often do not think about the need to apply for Medicaid until they interact with the health care system and that this cause hasn't existed to the same extent as people have chosen to stay home. The department further stated that it anticipates all

three downward pressures will soon go away. The department also stated that like other employers, it has been more flexible regarding leave, particularly family medical leave, and expects to be closer to pre-emergency staffing within the next three weeks.

Presentation: Director Baker continued his presentation

No additional questions were asked

Presentation: A PowerPoint was presented titled “Eligibility, Enrollment & Member Services,” which was included in the publicly available packet

The PowerPoint was presented by Director Baker

The following questions were asked:

1. What action has SCDHHS taken to provide PPE?
 - a. SCDHHS responded that PPE is unusual in that it is a problem where money isn't the problem. It stated that financing is available to purchase PPE and that PPE issues are related to a supply chain issue. The department added that it has financing available for PPE, but that it isn't in any better position to obtain PPE than any other entity. The department also added that rather than compete with other organizations trying to obtain PPE, it has directed PPE inquiries to the South Carolina Emergency Management Division and the collaborative created by the South Carolina Hospital Association, SC Bio and SCMEP.
2. How can the department help providers finance PPE?
 - a. SCDHHS responded that it is open to being flexible for PPE billing and that it would like to work with providers to establish a basis for cost and help develop a methodology based on provider groups.

Public Comment Period

No additional questions were asked.

**Medical Care Advisory Committee
June 9, 2020 Meeting Minutes**

Present

John Barber
Sue Berkowitz
Maggie Cash
Dr. Tom Gailey
Amy Holbert
Bill Lindsey
Michael Leach
Mary Poole
Tricia Richardson
Amanda Whittle
Lathran Woodard

Not Present

Graham Adams
William Bilton
Dr. Amy Crockett
Chief Bill Harris
Tysha Holmes
J.T. McLawhorn
Melanie Matney
Dr. Kashyap Patel
Loren Rials
Dr. Jennifer Root
Dr. Keith Shealy

Introduction

Director Baker welcomed MCAC members and introduced the agenda. He advised that just as in the last virtual MCAC meeting, questions should be submitted through the Webex chatbox. He also stated that he envisions MCAC meetings are likely to be held through Webex for a while.

Advisements

Advisement: The South Carolina Medicaid Supplemental Teaching Physician Payment Program

An overview of the advisement was provided by Director Baker

No questions were asked

Advisement: Covered Outpatient Drugs State Plan Amendment

An overview of the advisement was provided by Director Baker

No questions were asked

Advisement: 12-month Supply of Contraceptives

An overview of the advisement was provided by Director Baker

No questions were asked

Advisement: Updated Pricing Methodology for Vision and Anesthesia Providers and Private Duty Nursing and Pediatric Day Care Services (Pricing Project- Phase II)

An overview of the advisement was provided by Director Baker

The following questions were asked:

1. Will private duty nursing start on July 1?
 - a. SCDHHS responded that it will and that it added an interim increase of 5% starting on Jan. 1 and conditioned the second phase on the agency's general appropriation ask. Since we're subject to a continuing resolution, we may not necessarily receive the requested general fund appropriation. The agency believes there's still a desire to move forward and put this plan in place.
2. Follow-up question, what kind of additional provider numbers are you looking at for beneficiaries?
 - a. SCDHHS responded that the private duty nursing network is relatively small and that providers who serve most beneficiaries have indicated they are prepared to take on new caseloads and the agency is anticipating upwards of 100% increase in utilization given the indication of pent-up demand. Most of the anticipated expense is due to additional individuals who are not receiving services today and the agency anticipates over 100% increases in numbers of beneficiaries receiving services.

SCDHHS Updates

SCDHHS stated that there will be another regularly scheduled quarterly MCAC meeting.

COVID-19 Response Update

SCDHHS noted that it is working to develop a new limited benefit program authorized by the Families First Coronavirus Response Act and will inform the committee when the program is ready to be announced.

SCDHHS noted that it has received questions about COVID-19-related telehealth changes and stated that it does not see a reason to pull back any of the flexibilities anytime soon. The agency assured that it will not be a quick turnaround and stated that it will provide public notice and notice to the MCAC and discuss how individuals can continue to receive telemedicine if changes are made to flexibilities

SCDHHS discussed re-opening county offices to the public and states that it is going through a planning exercise with staff and the office of human resources to protect both SCDHHS staff and the public. The agency also stated that it will put out public notice for when county offices will again receive walk-in traffic and that it is ensuring all county offices have drop boxes in addition to the abilities it has created to receive applications electronically.

SCDHHS noted that it submitted data to CMS in a quick turnaround time in response to federal legislators asking CMS to release additional provider subsidies with a special emphasis on the Medicaid provider population.

No questions were asked

Eligibility, Enrollment & Member Services Update

Director Baker presented the slides included in the agenda

The following questions were asked:

1. Are you thinking you'll see 50,000 new applicants approximately due to unemployment?
 - a. SCDHHS responded that it does not see that. The agency stated that the Medicaid population has increased by approximately 49,000 but that it's incoming application volume has been steady or slightly down. The agency stated this isn't unexpected because there have been no disenrollments, county offices have closed and some employees have taken leave and because fewer individuals are interacting with the healthcare system, which tends to drive volume down. SCDHHS stated that it anticipates all three reasons are likely to change.
2. What is the average time for application approval?
 - a. SCDHHS responded that it is consistently approving 30-40% of applications that are received through straight through processing and those are completed in 48-72 hours, that 40-50% are processed in a 30-day window and that approximately 20% of applications, which are typically submitted with incomplete data, take longer than 30 days. The agency responded that this processing time has not changed during the pandemic and that it does not have a backlog of several months as it did three years ago.
3. Are you getting more kids through Express Lane Eligibility (ELE) since SNAP has increased 6% during this time?
 - a. SCDHHS responded that no, there hasn't been an increase in ELE transactions but that it intends to reach out to SCDSS to see if there's an uptick in data.
 - b. SCDSS responded that it did see an increase in mid-to-late March and that it will likely continue to see an increase.
 - c. SCDHHS responded that with the difference in CHIP and Medicaid income thresholds, parents could still be above the Medicaid income threshold. The agency also stated that the data may take another month to show up in enrollment data for Medicaid because of the timing of when reports run.

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

PREPARED BY: Jeff Saxon, Program Manager, Office of Finance and Administration

PRESENTED BY: Jeff Saxon, Program Manager, Office of Finance and Administration

DATE: July 17, 2020

SUBJECT: COVID-19 Medicaid Nursing Facility Rate Update Effective March 1, 2020.

OBJECTIVE: To provide additional Medicaid reimbursement to contracting nursing facilities for unanticipated COVID-19 related expenditures that were not included in the base year cost reports or considered in the determination of the annual inflation factor used to develop the prospective payment rates.

BACKGROUND: On March 13, 2020, President Donald Trump signed an emergency declaration regarding the coronavirus pandemic. Therefore, in order to assist and reimburse Medicaid contracting nursing facilities for the unanticipated costs incurred in its response to its coronavirus protection of residents as well as facility staff, the Medicaid agency developed a COVID-19 add-on to be included with each nursing facility's Oct. 1, 2019 Medicaid per diem rate. The new rate is effective for dates of service on and after March 1, 2020. The COVID-19 add-on represents four percent of the calculated Oct. 1, 2019 Medicaid per diem rate, excluding the following rate components - inflation factor trend, cost of capital, profit incentive, cost incentive, effect of cap on cost/profit incentives, and non-emergency medical transportation add-on. The Medicaid agency will end the COVID-19 add-on at the end of the month in which the emergency declaration has been lifted. The COVID-19 add-on will be subject to cost justification after the emergency declaration has been lifted.

The Medicaid agency submitted the COVID-19 add-on state plan amendment to the Centers for Medicare and Medicaid Services on March 30, 2020, and received approval of this state plan amendment on April 21, 2020.

BUDGETARY IMPACT: Due to the inability to predict the lifting of the emergency declaration, we have determined the average monthly cost increase associated with the COVID-19 add-on to amount to approximately \$2.24 million (total dollars).

EXPECTED OUTCOMES: Medicaid recipients' access to nursing facilities will be maintained.

EXTERNAL GROUPS AFFECTED: Contracting Medicaid nursing facilities and Medicaid recipients.

RECOMMENDATION: No action needed.

EFFECTIVE DATE: March 1, 2020

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

PREPARED BY: Erin Boyce

PRESENTED BY: Nicole Mitchell Threatt

DATE: Aug. 18, 2020

SUBJECT: Amend the Palmetto Coordinated System of Care (PCSC) Waiver

OBJECTIVE: Amend Appendix A of the 1915(c) portion of PCSC to acknowledge that the operational responsibilities of the waiver will be performed by the South Carolina Continuum of Care (COC).

BACKGROUND: The South Carolina Department of Health and Human Services (SCDHHS) recently received approval from the Centers for Medicare and Medicaid Services (CMS) for a 1915(c) home and community-based services (HCBS) waiver for children and youth up to age 21 with significant behavioral health challenges who would otherwise be treated for psychiatric conditions in inpatient settings. Concurrently, CMS approved an initial 1915(b)(4) waiver that allows South Carolina to selectively contract with COC for High Fidelity Wraparound services under the approved 1915(c) HCBS waiver. The approved 1915(c) waiver document names SCDHHS as the waiver operator and administrator. After a thorough review of the eligibility, enrollment, and assessment processes for waiver applicants, as well as review of the administrative responsibilities related to maintaining a waiver waiting list, SCDHHS believes the designation of waiver operator more appropriately reside with COC.

BUDGETARY IMPACT: Not applicable.

EXPECTED OUTCOMES: Amending the PCSC waiver to name COC as the waiver operator will reflect the ownership of administrative responsibilities more accurately in the waiver document. COC performing administrative processes including pre-screening of potential waiver recipients and monitoring of the waiver waiting list will result in reduced administrative burden on potential recipients of waiver services and a more efficient model of operating the waiver.

EXTERNAL GROUPS AFFECTED: PCSC waiver service providers.

RECOMMENDATION: To amend the PCSC waiver, as necessary, to facilitate the indicated updates for ownership of operational responsibilities.

EFFECTIVE DATE: Upon approval from CMS.