Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite. 4T20
Atlanta, Georgia 30303-8909

November 9, 2009

Emma Forkner, Director
South Carolina Department of Health & Human Services
Department of Health & Human Services
1801 Main Street
Columbia, SC 29201

Dear Ms. Forkner:

I am pleased to inform you that your request to renew South Carolina's Home and Community-Based Waiver for Persons with Mental Retardation or Related Disabilities, as authorized under provisions of section 1915(c) of the Social Security Act, has been approved. This waiver renewal has been assigned control number 0237.R04, which should be used in future correspondence. The waiver renewal is effective January 1, 2010 through December 31, 2014.

Specifically, you submitted a renewal request on August 31, 2009 to continue to provide the following waiver services: Adult Day Health Care; Personal Care 1 & 2; Residential Habilitation; Respite; Extended State Plan Adult Dental; Adult Vision; Audiology Services; Extended State Plan Prescribed Drugs; Adult Attendant Care Nursing; Adult Companion Services; Adult Day Health Care Nursing; Adult Day Health Care Transportation; Behavior Support Services; Career Preparation Services; Community Services; Day Activity; Employment Services; Environmental Modifications; Nursing Services; Personal Emergency Response System (PERS); Private Vehicle Modifications; Psychological Services; Specialized Medical Equipment, Supplies & Assistive Technology and Support Center Services.

The following estimates of utilization and cost of waiver services have been approved:

	Unduplicated Recipients	Factor D	Total Waiver Costs
Year 1 (1/1/10 – 12/31/10)	6300	$51,869	$278,661,600
Year 2 (1/1/11 – 12/31/11)	6700	$52,350	$298,042,800
Year 3 (1/1/12 – 12/31/12)	7100	$53,607	$323,085,500
Year 4 (1/1/13 – 12/31/13)	7500	$56,320	$359,812,500
Year 5 (1/1/14 – 12/31/14)	7900	$59,078	$398,815,700

We appreciate the effort and cooperation provided by your staff during our review of this request. If you have any questions, please feel free to contact Kimberly Adkins-McCoy at (404) 562-7159.

Sincerely,

Mary Kaye Justis, RN, MBA
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Mental Retardation/Related Disabilities Waiver

- The SC Commission on Disabilities and Special Needs approved amendments to the MR/RD waiver on July 17, 2009.
- DDSN and DHHS submitted the final MR/RD waiver document to CMS (the Federal Medicaid agency) on August 31, 2009.
- CMS approved the renewal to the MR/RD Waiver on November 9, 2009 with a January 1, 2010 implementation date.

Explanation of the Major Changes to the MR/RD Waiver

There are 6 major changes:

1. Maintain the following core services without change:

a. residential habilitation (i.e. CTH, SLP and CRCF)

b. adult day health with/without nursing and transportation

c. day activity

d. community services

e. support center

f. career preparation

g. employment

h. adult dental

i. psychological counseling

j. behavior support

k. private vehicle modifications

l. prescription medications

m. environmental modifications

n. audiology

o. vision - vision exams are eliminated in the waiver since one exam per year is allowed under the regular Medicaid state plan program. The waiver will cover the purchase of one pair of eyeglasses per year if needed.

p. institutional respite

q. assistive technology for diapers, wipes, and under pads

2. Eliminate the following services since they are covered under the regular Medicaid state plan program:

a. physical therapy

b. occupational therapy

c. speech/language pathology

3. Eliminate daily respite which is replaced by hourly respite.

4. Eliminate day habilitation, prevocation and supported employment which are replaced by day activity, community services, support center, career preparation and employment.

5. Place service use caps on the following services:

a. companion – capped at a maximum of 28 hours per week

b. adult attendant – capped at a maximum of 28 hours per week

c. personal care II – capped at a maximum of 28 hours per week

The waiver participant may use a single service or combine companion, adult attendant and personal care II services. The single service or the combination of the 3 services cannot exceed 28 hours per week.

d. in-home hourly respite – capped at a maximum of 68 hours per month

There are exceptions to the 68 hours per month. If any one (1) of the three (3) conditions is met, the participant may receive up to 240 units per month upon DDSN approval:

i. Caregiver has been hospitalized or is receiving medical treatment causing the caregiver to be away from home for lengthy periods during the day for which respite takes the place of the caregiver to protect the health, safety, and welfare of the waiver participant.

ii. The waiver participant is medically complex or severely disabled to the extent that the caregiver must provide him/her constant hands on/direct care and supervision for which the caregiver is not paid for 16 hours of a 24-hour day.

A Medically Complex person is a person who has a serious and complex medical condition resulting in substantial physical impairment or disability requiring comprehensive care management defined as extensive hands-on assistance or total care on a routine basis. Such persons need extraordinary supervision and observation or frequent or life saving administration of specialized treatments.

A Severely Disabled person is a person who has substantial physical or behavioral impairment or disability such that the degree of impairment or disability requires extensive hands-on assistance or total care on a routine basis.

In both cases the emphasis is on the characteristics of the management of the condition/impairment/disability versus the condition itself, and the hardship the complexity of managing the condition/impairment/disability places on the caregiver.

iii. If support center services are unavailable to a participant age 12 to exiting high school and the primary caregiver works fulltime during the summer months of June, July and August.

e. personal care I – capped at 6 hours per week

f. nursing – capped at 56 hours per week using a LPN or 42 hours per week using a RN. If the participant receives a combination of RN and LPN nursing service, the cost of the combination cannot exceed the cost of either the maximum units of RN or the cost of the maximum units of LPN, whichever is greater

g. assistive technology

i. liquid nutrition capped at no more than 2 cases per month

ii. wheelchair limited to one chair per every 5 years at a maximum of $8,000 per chair

6. Remove personal emergency response system from specialized medical equipment and create as a separate service.