

1. Title page for the state’s eligibility and coverage demonstration or eligibility and coverage policy components of the broader demonstration

The state should complete this title page at the beginning of a demonstration and submit as the title page of all monitoring reports. The content of this transmittal table should stay consistent over time.

This template only includes community engagement policy. Templates for other eligibility and coverage policies are forthcoming.

State	South Carolina
Demonstration name	Palmetto Pathways to Independence
Approval date for demonstration	12/12/2019
Approval period for community engagement	12/12/2019-11/30/2024
Approval date for community engagement, if different from above	
Implementation date for community engagement	1/1/2022

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in program monitoring of Medicaid Section 1115 Eligibility and Coverage Demonstrations. This mandatory information collection (42 CFR § 431.428) will be used to support more efficient, timely and accurate review of states’ eligibility and coverage 1115 demonstrations monitoring reports submissions to support consistency of monitoring and evaluation of Medicaid Section 1115 Eligibility and Coverage Demonstrations, increase in reporting accuracy, and reduce timeframes required for monitoring and evaluation. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently

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valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 58). Public burden for all of the collection of information requirements under this control number is estimated to take about 8 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

2. Executive summary

This report provides details on activities completed by the South Carolina Department of Health and Human Services (SCDHHS) in support of the implementation of the Healthy Connections Community Engagement Initiative during demonstration year 1, quarters 1-3. Quarter 1 (December 2019 through February 2020) focused on stakeholder education and engagement efforts. Activities included training for all SCDHHS staff about the Healthy Connections Community Engagement Initiative; producing public-facing information, such as fact sheets; and, establishing a process to direct questions about the initiative to SCDHHS team members who received additional training. SCDHHS’ stakeholder engagement efforts during this quarter were highlighted by a large roundtable discussion with CMS Administrator Verma in December 2019, the inaugural meeting of the Community Engagement Implementation Task Force and the establishment of four committees tasked with directly supporting the implementation of the initiative in January 2020. During quarter 2 (March through May 2020), SCDHHS submitted its draft implementation plan to CMS and planned the first meetings of the four task force committees that were established during the January task force meeting.

SCDHHS activities during quarter 2 and quarter 3 were impacted by the coronavirus disease 2019 (COVID-19) pandemic. These impacts included:

- Unpredictable and unprecedented pressures on economic conditions in South Carolina, with resulting impacts on the unemployment rate;
- Maintenance of effort requirements of the Families First Coronavirus Response Act (FFCRA) that temporarily changed eligibility standards, methodologies, and procedures;
- The need to reformulate a number of evaluation parameters to ensure that appropriate comparison groups and timeframes are identified for the purpose of the formal program evaluation; and,
- The refocusing of resources across the entire healthcare, public health, and human services network to address the COVID-19 pandemic.

3. Narrative information on implementation, by eligibility and coverage policy

This template only includes community engagement policies.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
CE.Mod_1. Specify community engagement policies			
CE.Mod_1.1 Metric trends			

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
<input checked="" type="checkbox"/> The state has no metrics related to this reporting topic.			
CE.Mod_1.2 Implementation update			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
CE.Mod_2. Establish beneficiary supports and modifications			
CE.Mod_2.1 Metric trends			
<input checked="" type="checkbox"/> The state has no metrics related to this reporting topic.			
CE.Mod_2.2 Implementation update			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
CE.Mod_3. Establish procedures for enrollment, verification and reporting			
CE.Mod_3.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i>			
CE.Mod_3.2 Implementation update			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
CE.Mod_4. Operationalize strategies for noncompliance			
CE.Mod_4.1 Metric trends			
<input checked="" type="checkbox"/> The state has no metrics related to this reporting topic.			
CE.Mod_4.2 Implementation update			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
CE.Mod_5. Develop comprehensive communications strategy			
CE.Mod_5.1 Metric trends - <i>No metric trend analysis is required for this reporting topic</i>			
CE.Mod_5.2 Implementation update			
5.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any change or expected changes to the state’s strategy to communicate with beneficiaries about: <ul style="list-style-type: none"> a) General CE policies b) Exempt populations and good cause circumstances c) Suspension or disenrollment for noncompliance d) Reactivation following suspension or reentry after disenrollment for noncompliance 			No activity to report.

<p>5.2.2 Describe any outreach or education activities that were conducted with CE partners, such as qualified health plans, managed care organizations, providers, or community organizations, during this reporting period.</p>	<p>DY 1, Qtr. 1-3</p>	<p>On Dec. 12, 2019 (the day both waivers were signed), SCDHHS hosted a luncheon with stakeholders from across the state and CMS Administrator Verma. The luncheon provided an overview of the community engagement initiative’s goals. Participants included stakeholders and potential partners from the healthcare delivery system, non-profits, the education system, community-based organizations, healthcare providers, state government and leaders from the private sector.</p> <p>SCDHHS created a website and educational material dedicated to the community engagement initiative. The educational material was distributed to each SCDHHS office in the state and available for community engagement partners upon request. The website includes resources from community engagement partners that will help the public find new education and employment opportunities. The website also includes other supportive partner programs such as childcare and transportation. Both of these items were completed in conjunction with the Dec. 12, 2019, waiver approvals. The educational materials were updated in January 2020 and will continue to be updated based on approved timelines.</p> <p>The agency held the inaugural meeting of the State Community Engagement Implementation Task Force on Jan. 31, 2020. The task force was established by the governor through executive order to support the successful implementation of the Healthy Connections Community Engagement Initiative. During the meeting, SCDHHS provided an overview of the community engagement initiative and expectations of task force members. The task force, which is comprised of state agencies, established four committees that will provide the framework necessary to carry out specific implementation tasks. These committees will include task force members and other relevant stakeholders including community organizations, non-profit organizations and representatives from the managed care and provider communities. The four committees that were established are the data-sharing committee, community resources committee, eligibility coordination</p>
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			<p>committee and outreach committee. An SCDHHS staff member was named chairperson for each committee and an initial roster was established for each committee.</p> <p>In addition to the efforts of the task force, an update on the initiative was provided to all of the state’s managed care organizations on March 12.</p>
<p>5.2.3 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with how materials or communications were accessible to beneficiaries with limited English proficiency, low literacy, in rural areas, and other diverse groups.</p>			<p>No activity to report.</p>
<p>5.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with the state’s plan to communicate modifications of community engagement requirements to beneficiaries with disabilities.</p>			<p>No activity to report.</p>
<p>5.2.5 Describe any communication or outreach conducted to CE partner organizations during this reporting period.</p>	<p>DY 1, Qtrs. 1-3</p>		<p>In addition to the activities reported in 5.2.2, each task force committee was scheduled to hold its first meeting on March 20, 2020. Committee meetings were postponed due to the COVID-19 pandemic, and circumstances surrounding the pandemic. However, prior to the cancellation, preliminary discussions were held with committee members and potential committee members regarding the goals of the community engagement initiative and the goals and expectations of the committee(s).</p>

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
5.2.6 Describe any internal staff training conducted during this reporting period.	DY 1, Qtr. 1-3		Upon CMS approval of the community engagement initiative, all SCDHHS staff were provided a mandatory training that addressed the initiative. Specific members of the agency’s member contact center were provided additional training to answer questions about the initiative from the public. The web-based all-staff training included an overview of the initiative and its goals, where staff and the public could find resources and instructed the agency’s front-line employees to direct detailed questions about the initiative to the agency’s member contact center. A subsequent meeting was held with eligibility supervisors from across the state to review the initiative, goals, available resources and answer questions.
CE.Mod_6. Establish continuous monitoring			
CE.Mod_6.1 Metric trends - <i>No metric trend analysis is required for this reporting topic</i>			
CE.Mod_6.2 Implementation update			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
CE.Mod_7. Develop, modify, and maintain systems			
CE.Mod_7.1 Metric trends - <i>No metric trend analysis is required for this reporting topic</i>			
CE.Mod_7.2 Implementation update			
7.2.1 Describe if the state has developed or enhanced its systems capabilities as described in the implementation plan for: <ul style="list-style-type: none"> a) Eligibility and enrollment system b) CE reporting for beneficiaries c) CE reporting for other CE entities d) Integration of data from other public programs, such as SNAP and TANF e) Suspension of benefits and payments and/or termination of eligibility f) Benefit reactivation and/or reenrollment once community engagement requirements are met g) Other significant systems changes and modifications 	DY 1, Qtrs. 1-3		Prior to the declaration of the public health emergency, SCDHHS gathered many of the requirements needed to determine compliance with the initiative’s requirements. Business requirements documents have been drafted that include additional eligibility questions for intake, additional requirements for access and integration with electronic data sources, and electronic notice and reporting capabilities for members and applicants. Meetings took place in the first quarter with the system integrator, IBM, to elaborate on requirements and begin joint application design (JAD) prior to the pandemic pause. SCDHHS is also completing a gap analysis to determine additional requirements that may be needed to address the ongoing PHE, COVID-19, or other acts of Congress that may impact the state’s ability to roll out the Healthy Connections Community Engagement Initiative .
7.2.2 Describe any additional systems modifications that the state is planning to implement.	DY 1, Qtrs. 1-3		In response to the gap analysis noted above, SCDHHS will make any modifications necessary to meet waiver requirements.

4. Narrative information on implementation for any eligibility and coverage demonstration

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
AD.Mod_1. Metrics and operations for demonstrations with any eligibility and coverage policies (report for all beneficiaries in the demonstration)			
AD.Mod_1.1. Metric trends			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
AD.Mod_1.2. Implementation update			
1.2.1 Highlight significant demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, compliance with requirements, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.	DY 1, Qtrs. 1-3		The FFCRA, which was signed into law on March 18, 2020, includes language that would impact the implementation of the Healthy Connections Community Engagement Initiative. The provisions in the FFCRA, which the legislation orders to remain in place until the end of the current declared public health emergency related to COVID-19, prevent the implementation of the Healthy Connections Community Engagement Initiative. As a result of these provisions, SCDHHS’s ability to achieve its goal to promote better health outcomes and financial independence by providing access to resources to the most vulnerable South Carolinians while incentivizing able-bodied South Carolinians to achieve self-sustainability through this initiative may be delayed.

5. Narrative information on other reporting topics

Prompts	Measurement period first reported (MM/YYYY – MM/YYYY)	Metric(s) (if any)	State response
1. Financial/budget neutrality			
1.1 Current status and analysis			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
1.2 Implementation update			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
2. Demonstration evaluation update			
2.1 Narrative information			
2.1.1 Provide updates on CE evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.	12/2019 – 8/2020		SCDHHS began working with an independent evaluation team from the Institute for Families in Society at the University of South Carolina (IFS). The COVID-19 pandemic has required SCDHHS and IFS to fundamentally re-evaluate the approach and methods used in conducting the evaluation. In consultation with CMS, SCDHHS is formulating an evaluation plan and modified timeline for the submission of that plan.
2.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.	12/2019 – 8/2020		SCDHHS began working with an independent evaluation team from IFS. The COVID-19 pandemic has required SCDHHS and IFS to fundamentally re-evaluate the approach and methods used in conducting the evaluation. In consultation with CMS, SCDHHS is formulating an evaluation plan and modified timeline for the submission of that plan.

Prompts	Measurement period first reported (MM/YYYY – MM/YYYY)	Metric(s) (if any)	State response
2.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.	12/2019 – 8/2020		During the COVID-19 public health emergency, SCDHHS has been working with CMS to develop a workable timeline for anticipated evaluation-related deliverables. SCDHHS will continue to work with CMS to determine appropriate due dates for anticipated evaluation-related deliverables.
3. Other demonstration reporting			
3.1 General reporting requirements			
3.1.1 Describe whether the state foresees the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.	12/2019 – 8/2020		SCDHHS does not foresee any future changes needed. An implementation plan draft was submitted in demonstration year 1, quarter 1 (March). Upon receiving feedback from CMS, SCDHHS may choose to make changes to the implementation.

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<p>3.1.2 Compared to the details outlined in the STCs and the monitoring protocol, describe whether the state has formally requested any changes or whether the state expects to formally request any changes to:</p> <p>a) The schedule for completing and submitting monitoring reports</p> <p>b) The content or completeness of submitted reports and or future reports</p>	12/2019 – 8/2020		<p>a) Due to congressional action related to the COVID-19 pandemic, SCDHHS requested to renegotiate timelines associated with the Healthy Connections Community Engagement Initiative through the Section 1135 Waiver it submitted to CMS on March 27. As part of on-going discussions with CMS, SCDHHS is submitting one monitoring report that encompasses demonstration year 1, quarters 1-3 at the time on which the Q3 report is due.</p> <p>b) There are no requested changes to the content or completeness of this report or future reports.</p>
<p>3.1.3 Describe whether the state has identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.</p>	12/2019 – 8/2020		<p>The uncertainty resulting from the COVID-19 pandemic, including its impact on the economy, has created the need to reevaluate a number of the parameters and timelines governing South Carolina’s community engagement initiative. As mutually agreed upon, one report will be encompassing the efforts from demonstration year 1, quarters 1-3.</p>
<p>3.2 Post-award public forum</p>			
<p><input checked="" type="checkbox"/> There was not a post-award public forum held during this reporting period and this is not an annual report, so the state has no post award public forum update to report for this reporting topic.</p>			

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4. Notable state achievements and/or innovations			
4.1 Narrative information			
<input checked="" type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			