

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Malden</i>	DATE <i>2-1-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>01301</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mark Tech Cleared 2/24/12, K. Hester A. Mitchell</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-10-12</i> DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



RECEIVED

FEB 01 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

January 30, 2012

Mr. Anthony Keck
Director
South Carolina Department of Health and Human Services
1801 Main Street
Columbia, South Carolina 29201

Dear Mr. Keck,

The SCDHHS proposal to amend the Medicaid State Plan by drastically reducing reimbursement for Targeted Case Management (for us, Service Coordination) is expected to have the following impact on services for people with disabilities in Greenville County:

- 1) With the proposed \$13.00 per unit, or a 58% reduction of current funding, the Greenville County Disabilities & Special Needs Board could expect to have to implement a major reduction in force and caseload sizes would nearly double. We currently have 16 Service Coordinators. 58% less would leave 9 Service Coordinators with 7 Service Coordinators being eliminated. Caseloads sizes now average 43 Level I cases and 56 Level II cases (Total 99 cases per Service Coordinator). With 58% less staff, averages would be 76 Level I cases and 99 Level II cases (Total 175 cases per Service Coordinator).
- 2) Early Intervention has a current rate of \$21.15 per unit, so a \$13.00 per unit would be a 38% reduction. That percentage applied to Early Intervention staff positions would reduce them from 13 to 8 positions.
- 3) Service Coordination experienced a major reduction in force in 2009 with state budget reductions. We went from 29 Service Coordinators to 20 Service Coordinators, a 31% reduction. We are currently down to 16 positions because of the implementation of the new SCDDSN Level II policy and its effective reduction of funding. In 2009, we moved 322 consumers to Level II in a few short months. This meant that the Agency no longer received Service Coordination funding for 322 consumers who remained eligible and on the caseload, but stopped receiving assessment, planning, and regular contact and monitoring of services and needs. Currently we are only eligible for funding for those in intake, and those with Medicaid Waivers and about 7 consumers per caseload who are deemed in critical need of Service Coordination. Consumers are moved to Level II immediately upon determination of eligibility in most cases.
- 4) Additional positions that might be affected include Service Coordination Supervisors and our Service Coordination Assistant. The market rate of \$13.00 developed by DHHS did not include the cost of supervision, training, or travel. Funding for Service Coordination Assistants would be eliminated. Our Service Coordination Assistant plays a valuable role in helping us manage literally thousands of case files, helping us monitor millions of dollars in Medicaid Waiver expenses, and helping us meet compliance requirements. With reduced numbers of Service Coordinators would come reduced numbers of Supervisors, possibly 2 of 3 would be eliminated.
- 5) Families and consumers will suffer from lack of contact and lack of access from overburdened, unavailable workers. Service Coordination plays an important role in providing information, resources, access, and referrals for the entire community. Without their assistance families will either be on their own to find services or they will create additional work for staff in other departments who will be pulled away from their primary focus of service delivery and ensuring quality therein.
- 6) Service Coordination has been cost effective through the years in helping families avoid costly and unnecessary services such as institutional care, hospitalization, and emergency room care. Service Coordinators work to make sure consumers have a primary care physician, and get in home and day time supports to ensure their health and safety. CMS requires that we meet certain assurance for consumers participating in Waiver programs including that they have a Service Plan, meet Level of Care, use Qualified

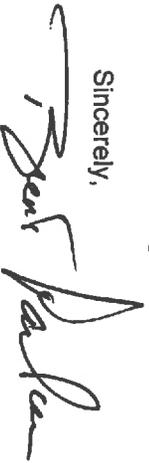
Providers, and are assured Health and Welfare. Jeopardizing our ability to meet these assurances jeopardizes the state's meeting its contracts with CMS.

7) The current proposal by SCDHHS removes about 20 years of progress made in helping families. It would be safe to expect a direct correlation between caseload sizes and the number of families in crisis.

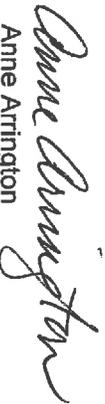
8) The "same size fits all" approach to funding Service Coordination, or Case Management, in different agencies and populations is not workable. People with severe, lifelong disabilities and their caregivers are a uniquely needy group requiring intensive supports. Basic skills like the ability to read or write, to drive or otherwise access community resources are greatly impaired as is the ability to survive independently in most cases.

It is respectfully requested that the Medicaid State Plan Amendment for Targeted Case Management be revised to allow funding to continue at current levels.

Sincerely,



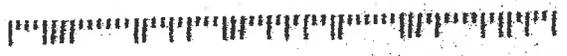
Brent Parker
Executive Director



Anne Arrington
Director Family Supports

BP/big

Cc: Governor Nikki Haley
Greenville County Legislative Delegation
Greenville County Disabilities & Special Needs Board Members



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Director
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Greenville County
disabilities
and Special Needs Board



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\$00.45⁰⁰



Log #301

February 24, 2012

Brent Parker, Executive Director
Anne Arrington, Family Supports Director
Greenville County Disabilities and Special Needs Board
Post Office Box 17467
Greenville, South Carolina 29606

Dear Mr. Parker and Mrs. Arrington:

This is to acknowledge receipt of your letter dated January 30, 2012, and to thank you for your comments regarding Targeted Case Management (TCM). Over the next several weeks, the South Carolina Department of Health and Human Services (SCDHHS) will take all comments received into consideration as we move forward to submitting the State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS). A summary of the comments in frequently asked questions and answer format will be posted to our website, <http://www.w2.scdhhs.gov/>.

We applaud your efforts to work with some of the most vulnerable citizens of South Carolina and thank you again for sharing your concerns and comments.

Sincerely,

Sam Waldrep
Deputy Director

From: Teeshla Curtis <CURTIST@scdhhs.gov>
To: Gabriele Jefferson <JEFFGAB@scdhhs.gov>, Brenda James <JAMESBR@scdhhs.gov>
Date: 3/7/2012 12:13 PM
Subject: RE: Log 301
Attachments: Ref Log 301 Response.pdf

Attached is the response for Log 301.
Teeshla

From: Gabriele Jefferson
Sent: Wednesday, February 22, 2012 8:49 AM
To: Teeshla Curtis
Subject: Re: Log 301

Here you go. Have a nice day!

>>> Teeshla Curtis 2/21/2012 6:08 PM >>>
Gabi,

Please send me log 301 response electronically.

Thanks,
Teeshla