

**From:** Derrick, Barbara <Barbara.Derrick@dss.sc.gov>  
**To:** Pisarik, HollyHollyPisarik@gov.sc.gov  
**Date:** 6/30/2016 7:17:10 AM  
**Subject:** Fwd: Therapeutic Foster Care - RBHS Carve-in

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Guessing no one got in touch with Christian. I'll check with Angie to see if they need anything else.  
Barbara

Begin forwarded message:

From: "Christian L. Soura" <Christian.Soura@scdhhs.gov>  
Date: June 30, 2016 at 3:31:48 AM EDT  
To: Angie Willis <AngieStoner@scsenate.gov>, "Susan Alford - DSS (Susan.Alford@dss.sc.gov)" <Susan.Alford@dss.sc.gov>  
Cc: Bryan Kost <kostbr@scdhhs.gov>, Jenny L Stirling <LYNCHJEN@scdhhs.gov>, "Barbara Derrick (Barbara.Derrick@dss.sc.gov)" <Barbara.Derrick@dss.sc.gov>, "Karen Wingo (karen.wingo@dss.sc.gov)" <karen.wingo@dss.sc.gov>  
Subject: Re: Therapeutic Foster Care - RBHS Carve-in

Hi Angie,

At the risk of looking lazy, it might be easiest if I just put answers in after the individual questions below. I'm going to do my best to resist opining on the true motivations of some of the providers in question. Glad to address any additional/follow-up questions you might have, too. Also, when I speak to Select's policies or positions, this is based upon conversations we had primarily with their medical director today, to confirm that's still where they are.

For what it's worth, I'd also reiterate something I said earlier about the FQHCs. When we give providers very clear answers that they don't like, they tend to say that they are "still waiting for an answer" from us or "haven't gotten a clear answer." But there's an important distinction between having "unresolved issues" and having "issues that weren't resolved in the way that the providers wanted them to be resolved." I'm sure you know what I mean. Thanks.

CLS

Christian L. Soura  
Director  
SC Department of Health and Human Services

(803) 898-2504

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From: Angie Willis <AngieStoner@scsenate.gov>

Sent: Tuesday, June 28, 2016 6:06 PM

To: Christian L. Soura; Susan Alford - DSS (Susan.Alford@dss.sc.gov)

Cc: Bryan Kost; Jenny L Stirling; Barbara Derrick (Barbara.Derrick@dss.sc.gov); Karen Wingo (karen.wingo@dss.sc.gov)

Subject: Therapeutic Foster Care - RBHS Carve-in

Christian and Susan,

Senator Alexander asked that I contact you regarding TFC and the July 1 RBHS carve-in. Providers have expressed concerns about some unresolved issues with implementation and Senator Alexander would like your comment/input on the following:

- Transition period for children currently enrolled for services: 90 days with Select Health. For new placements of children, Select Health will authorize services for up to 14 days and DSS will authorize for 7 days? Is this sufficient to ensure children will receive the appropriate services?

We've given providers an automatic 14-day authorization to ensure they have time to complete a diagnostic assessment and submit prior authorization requests for services. This was driven by providers' concerns about emergent/urgent placements and the need to initiate services immediately; however, this will apply to all placements. Providers suggested this approach, which is based upon North Carolina's policy. We understand that the 14-day authorization will be applied by DSS for Select Health TFC members; the 14-day policy was agreed-to by Select, as well. We don't know where 7 days comes from.

- Select Health has not communicated a rate structure? What is the service array? Apparently, it has been communicated there will be a minimum rate reduction of 8%?

There will not be an 8% reduction in rates and we don't know where that comes from either. We did not apply a managed care savings factor to the TFC population when we built FY 2016-17 MCO rates. This was a discussion point earlier in the process, though, so it's possible someone came up with that 8% figure based upon earlier draft rates. Rates for RBHS in TFC should be embedded within the contracts between Select and the individual providers, so there shouldn't be uncertainty here. Select is paying the FFS rate as published in the fee schedule for Community Support Services. Select has made no reduction for these services.

- Foster parent notes - billing for Psychological Rehabilitative Services is dependent upon foster parents completing notes in accordance with Medicaid clinical standards. This issue was brought up last year due to concerns about the complexity of the notes required by DHHS. Current status of this issue? Have there been any recoupments made based on 'inadequate' notes?

Obviously, I'm talking about things that happened before I was here, but I'm told that one of the major reasons TFC was unbundled in 2010 was because documentation by foster parents did not support the bundled service. Moving to discrete services was seen by CMS as a way to ensure that documentation and claims matched. PACF has since shared concerns that their providers were unable to adequately document the services they delivered -- they acknowledged that individuals with GEDs and high school diplomas were not sophisticated enough to consistently meet documentation requirements. This is a very dangerous road for them to start walking down, though, because if they're ready to argue that these individuals can't be expected to do basic documentation, then how are we to

believe that they're skilled enough to render any bona fide services? Also, I understand that the only recoupment in this area has been for about \$25,000 against Bair Foundation for their failure to document services or billing times.

- TFC providers have experienced a delay in claims being processed due to a modifier issue? Please provide more details/current status of this issue?

We're not aware of any kind of broad modifier issue, but if there's more behind this, let us know. SCYAP had to reprocess some claims because they had "same day of service" issues. I'm told we've put together a workaround that largely mitigates this.

- Providers have expressed concerns that DSS will no longer determine or have control of the assignment of levels of care and units of service for TFC levels I, II, and III?

Providers still receive a level-based payment through their fixed-bid contracts with DSS. That payment is based on the level assigned by DSS and their contracted rate. Authorizations for Community Support Services will be based on medical necessity determined in the diagnostic assessment, as opposed to a level assigned by DSS. That said, DSS clinical staff and Dr. Greg Barabell (Select medical director) have met to discuss the rationale for TFC levels and how those connect to service levels. We're drifting into questions now that are more about provider revenue protection than about appropriately leveling services, unfortunately.

- In light of the recent settlement agreement with Children's Rights and the core components of that agreement, will the carve-in have any negative impact on DSS' recruiting and retaining foster parents or are there any concerns about the continuity of services or disruption of services to children in TFC?

Our plans have demonstrated network adequacy as we move into the carve-in. During the discussions with the nine TFC providers, we were made aware that two additional RBHS providers were pursuing fixed-bid contracts with DSS to be TFC providers. Qualification to be a "TFC Provider" is determined by DSS. The qualification to deliver RBHS services is driven by Medicaid provider enrollment. We continue to have a Medicaid RBHS provider enrollment moratorium that was approved by CMS, since we have a sufficient range of these providers and the continuing very real threat of fraud and abuse. If we get sustained good experience after the carve-in, then something may happen with the moratorium at some point.

Please let me know if you have any questions. Thank you for your assistance. Angie -

Angie Willis | Senior Budget Analyst  
Senate Finance Committee | PO Box 142 | Columbia, SC 29202  
[Angiewillis@scsenate.gov](mailto:Angiewillis@scsenate.gov)  
Tel: (803) 212-6656 | Fax: (803) 212-6690

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