

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

EA

TO <i>Singleton/Chavis</i>	DATE <i>10-1-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000076	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Scanned to All: Mr. Keck, Kost, Depo, CMS file</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" 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.			

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

September 23, 2014

Mr. Anthony E. Keck
Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment, SC 14-006

Dear Mr. Keck:

We have reviewed the proposed state plan amendment, SC 14-006, which was submitted to the Atlanta Regional Office on June 30, 2014. This state plan amendment adds Sickle Cell disease management services as a coverage service under the preventive services benefit and adds a reimbursement for those services.

Based on the information provided, the Medicaid State Plan Amendment SC 14-006 was approved on September 23, 2014. The effective date of this amendment is May 1, 2014. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Maria Drake at (404) 562-3697 or Maria.Drake@cms.hhs.gov.

Sincerely,

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

RECEIVED

OCT 01 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
SC 14-006

2. STATE
South Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
May 1, 2014

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.130

7. FEDERAL BUDGET IMPACT:

a. FFY 2014 \$ 132,199

b. FFY 2015 \$ 529,319

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 4.19-B, Pages 6k & 6k.1(new page)
Attachment 3.1-A Limitation Supplement, pages 6a.6, 6a.7, & 6a.8
(6a.7 & 6a.8 are new pages)

Attachment 4.19-B, Pages 6k
Attachment 3.1-A Limitation Supplement, page 6a.6

10. SUBJECT OF AMENDMENT:

Amend State Plan to allow coverage of Sickel Cell Disease.

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Mr. Keck was designated by the Governor
to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME:

Anthony E. Keck

14. TITLE:

Director

15. DATE SUBMITTED:

June 26, 2014

South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

17. DATE RECEIVED:
06-30-14

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED: 09-23-14

19. EFFECTIVE DATE OF APPROVED MATERIAL:
05/01/14

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children Health Opns

21. TYPED NAME:

Jackie Glaze

23. REMARKS:

E. Qualification of Providers - Providers of Diabetes Management must be practitioners of the healing arts licensed by the State acting within the scope of their practice under State law (e.g., physicians, pharmacists, nurse practitioners, registered dietitians, registered nurses, licensed master social workers, licensed baccalaureate social workers, licensed practical nurses). Providers must also meet the requirements established by South Carolina Department of Health and Human Services for enrollment and billing, which includes one of the following criteria:

- Provider adheres to National Standards for Diabetes Self-Management Education which requires programmatic management by a Certified Diabetes Educator (CDE), or
- Provider is an American Diabetes Association (ADA) recognized program, or
- Provider is recognized by the Indian Health Service (IHS)

F. Sickie Cell Disease Management (SCDM) is available to Medicaid eligible individuals determined to have a confirmed diagnosis of Sickie Cell Disease as defined by the Sickie Cell Disease Association of America and the Centers for Disease Control and Prevention (CDC). See the Sickie Cell Management Policies and Procedures (as amended) in the Medicaid manual for requirements. Covered services must either be: (1) required or recommended for the implementation of a comprehensive medical plan of care by a physician and other appropriate practitioners, or; (2) medically necessary services identified in the SCDM treatment plan, approved by a physician, and (3) services which are not otherwise covered or duplicated services under the State Plan.

A. SCDM Definition:

SCDM is a set of interventions designed to improve the health of beneficiaries with Sickie Cell Disease and avoid or reduce sickie cell disease related complications and crises. Program Services:

- identify needed interventions;
 - enhance patient management of the disease and promote adherence to individualized treatment;
 - provide evidence-based medical information and monitoring;
 - include routine reporting and feedback with the beneficiary and primary care providers to promote continuity of care; and
 - measure outcomes and provide information to update care, as needed
- SCDM includes the following assistance: Providers of Sickie Cell Disease Management must be registered nurses, licensed social workers, and licensed practical nurses.

B. SCDM includes the following assistance:

1. Face-to-Face comprehensive assessments and periodic reassessments of individual needs, to determine the need for any medical, educational, psychosocial or other services. These assessment activities include:

- a) taking client history;
- b) medical assessment to identify the beneficiary's needs; and,
- c) gathering information from medical providers and other caregivers.

Assessments shall be conducted at least every 180 days, but may occur more frequently when significant changes occur or new needs are identified.

2. Development (and periodic revision) of a specific individual treatment plan that is shared with the primary care provider and based on the information collected through the assessment that:

- a) specifics the goals and actions to improve or maintain the health of the beneficiary;
- b) identifies activities that are necessary to respond to the assessed needs of the eligible beneficiary;
- c) includes patient education and instruction in health self-management needs; and,
- d) lists the minimal individual medical monitoring schedule to support primary care giver treatments and instructions.

3. SCDM services are activities necessary to ensure the care plan is implemented and adequately address the beneficiary's needs. Medicaid will make payment for two (2) hours per day, 24 hours per state fiscal year for face-to-face Sickle Cell disease Patient Education visits. This limitation may be exceeded based on medical necessity, services that exceed the limit will be prior authorized by the Quality Improvement Organization contracted by the state. Services may be provided individually or in group settings. Services must meet the following conditions for beneficiaries in the program.

a) Face-to-Face visits:

- o provide services in accordance with the beneficiary's care plan, including counseling, disease education, and self-management skills;
- o monitor the beneficiary's compliancy with primary care provider treatments; and
- o include observation and data collection of the beneficiary's health status to determine if adjustments may be needed to the care plan or if health care referrals are indicated.

- Face-to-Face visits are made with the eligible beneficiary to ensure appropriateness of continued services; and at least one visit every 180 days in the beneficiary's natural environment to ensure appropriateness of services;

- A Face-to-Face home visit will be conducted after a nurse receives a medical consultation telephone line call from a beneficiary in the program.

b) Patient Education:

Patient Education means face-to-face educational services provided to patients with Sickle Cell Disease. A provider is authorized to bill up to a maximum of two (2) hours per day, 24 hours per state fiscal year for Sickle Cell disease Patient Education. Services may be provided individually or in group settings. Focus of training must be age appropriate sickle cell disease management and include training on preventing infections, preventing crisis, etc. The frequency and type of service should be tailored to the beneficiary's needs.

4. Access to licensed medical staff trained and/or credentialed in Sickle Cell Disease management for SCDM medical consultation by telephone will be available to established patients 24 hours a day, seven days a week.
5. Periodic case plan progress reports must be sent to a primary care provider. SCDM providers should consult with the primary care provider as often as needed to ensure relevant services are provided.

C. SCDM Staff Qualifications

Providers of Sickle Cell Disease Management Services of assessments, service plan development and face-to-face visits must be registered nurses, licensed social workers, and/or licensed practical nurses. The RN must have at least one year experience working with individuals in a health/human service environment and must attend an evidence-based training related to sickle cell disease annually.

Services delegated to Licensed Practical Nurses (LPN) must be within the scope of practice of the LPN and must be under the direction of the supervising Registered Nurse. The registered Nurse will be responsible for all services rendered by the LPN. Licensed Social Workers acting within the scope of their practice under State Law may provide SCDM services.

The Registered Nurse and Licensed Social Worker providing SCDM must meet all provider enrollment requirements and provide services in accordance with the South Carolina State Plan's *Criteria for the Disease Management Organization(DMO)*. DMO criteria are located at page 6a.1 of the plan. The DMO will be responsible for ensuring that all SCDM providers receive appropriate and up-to-date evidence-based training related to sickle cell disease.

D. Beneficiary Requirements:

Services are available to non-institutionalized beneficiaries who have a confirmed laboratory diagnosis of sickle cell disease which include the sickle hemoglobinopathies (Hb SS, Hb SC, Hb S Beta- Thalassemia, Hb SD, Hb SE, and Hb SO) and are not simultaneously receiving Targeted Case Management or any other coordination/management service for Sickle Cell Disease. This Disease Management Program is a voluntary program. Beneficiaries may request disenrollment by calling their DMO. This process is referred to as "opting out" of the Disease Management Program.

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SUPERSEDES: New Page

13c Preventive Services continued:

Diabetes Management

A diabetes management program, as defined in Attachment 3.1-A, Limitation Supplement, Pages 6a.5 and 6a.6 must be managed by a Certified Diabetes Educator and adhere to the National Standards for Diabetes Self-Management Education or be a program recognized by the American Diabetes Association or Indian Health Service. The services are provided in accordance with the policies and procedures outlined in the Diabetes Management Manual.

- S0315 Disease management program--Initial Assessment/Initiation of Program
- S9445 Patient Education - Patient education, not otherwise classified, non-physician provider, Individual per session
- S9455 Diabetic management program - Group session
- S0316 Follow-Up/Reassessment

The payment rates for individual and group diabetes disease management were initially established at 80% of the 2005 Medicare Fee Schedule using procedure codes G0108 and G0109 as the basis. Because the two Medicare procedure codes represent a thirty-minute unit and a Medicaid unit of service for diabetes disease management represents a fifteen-minute unit, the individual and group rate are further reduced by fifty percent.

Medicaid codes: S0315, S9445, and S0316
(Medicare code: G0108 - Diabetes outpatient self-management training services, individual)

Medicaid code: S9455
(Medicare code: G0109 - Diabetes outpatient self-management training services, group)

State developed fee schedule rates are the same for both public and private providers. The fee schedule and any annual/periodic adjustments to the fee schedule are published in Medicaid Bulletins and will not exceed 100% of the Medicare fee schedule.

Sickle Cell Disease Management Services

Sickle cell disease management services must be provided by registered nurses, licensed social workers, and/or licensed practical nurses, as defined in Attachment 3.1-A Limitation Supplement pages 6a.6, 6a.7 and 6a.8. The following services will be reimbursed by Medicaid as a sickle cell disease management service:

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- (A) - Initial Assessment and Initiation of the Program provided by registered nurses, licensed social workers and/or licensed practical nurses (unit of service - 15 minutes) procedure code S0315;
- (B) - Follow up Reassessment provided by registered nurses, licensed social workers, and/or licensed practical nurses (unit of service - 15 minutes) procedure code S0316;
- (C) - Patient Education Non Physician Provided - Individual provided by registered nurses, licensed social workers, and/or licensed practical nurses (unit of service - per session) procedure code S9445);
- (D) - Patient Education Non Physician Provided - Group provided by registered nurses, licensed social workers, and/or licensed practical nurses (unit of service - per session) procedure code S9446

Effective for services provided on or after May 1, 2014, Medicaid reimbursement rates for sickle cell disease management services will be established at eighty percent (80%) of the 2012 Medicare Physician Fee schedule released January 4, 2012. Both private and governmental providers will receive these rates.

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RO APPROVAL: 09/23/14
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