

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

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>5/27/08</i>
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DIRECTOR'S USE ONLY 1. LOG NUMBER <p style="text-align: center; font-size: 1.2em;"><i>000613</i></p> 2. DATE SIGNED BY DIRECTOR 	ACTION REQUESTED <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action
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APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4120
Atlanta, Georgia 30303-8909



May 19, 2008

RECEIVED

MAY 27 2008

Ms. Emma Forkner, Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: South Carolina Title XIX State Plan Amendment, Transmittal #05-001

Dear Ms. Forkner:

We accept your request, dated May 15, 2008, to withdraw State Plan Amendment 05-001. We are returning the Form HCFA-179 and proposed plan plans.

If you have any questions or need any further assistance, please contact Elaine Elmore at (404) 562-7408.

Sincerely,

A handwritten signature in black ink, appearing to be "TDC", written over a horizontal line.

Teresa DeCaro, RN, M.S.
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

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

1. TRANSMITTAL NUMBER:
05-001

2. STATE
South Carolina

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

TO: REGIONAL ADMINISTRATOR

HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
February 1, 2005

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

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

6. FEDERAL STATUTE/REGULATION CITATION:
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

7. FEDERAL BUDGET IMPACT:

a. FFY 2005 \$7,897,570
b. FFY 2006 \$7,660,643

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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

Attachment 3.1-A, Limitation Supplement, Pages 8c, 8d, 8e & 8f

Attachment 3.1-A, Limitation Supplement, Pages 8c, 8d, 8e & 8f

10. SUBJECT OF AMENDMENT:

Amend the Targeted Case Management sections for Psychiatrically Disabled Adults and Seriously Emotionally Disturbed Children of the State Plan regarding eligible providers and staff credentialed to render case management services.

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:

//Robert M. Kerr-signature//

16. RETURN TO:

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

13. TYPED NAME:

Robert M. Kerr

14. TITLE:

Director

15. DATE SUBMITTED:

1/27/05

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

19. CASE MANAGEMENT - Limitations

Under the authority of Section 1915 (g)(1) of the Social Security Act, Case Management Services will be covered without regard to the requirements of Section 1902 (a)(10)(B) of the Act and will be targeted to specific population groups.

A. Coverage is limited to Psychiatrically Disabled adults as determined by criteria established by the South Carolina Department of Mental Health (SCDMH) and the Medical University of South Carolina (MUSC). These criteria include diagnosis of major mental disorder included in the current edition of the DSM classification under schizophrenia disorders, major affective disorder, severe personality disorder in the absence of serious antisocial behavior, psychotic disorder, and delusional (paranoid) disorders or diagnosis of a mental disorder and at least one hospitalization for treatment of a mental disorder and therefore will meet the criteria for Chronically Mentally Ill. No clients participating in any waiver program which includes case management services will be case managed under this program.

B. Case management for chronically mentally ill adults is not restricted geographically, and is provided in accordance with Section 1902(a)(10)(B) on a statewide basis.

C. All case management services for this targeted chronically mentally ill adult population are comparable in amount, duration, and scope.

D. DEFINITION OF SERVICES:

Case management services are defined as those services necessary to assure that the targeted client has access to a full array of needed medical, educational, vocational, social, treatment and rehabilitative services. A mechanism for referral will exist as an integral aspect of this service, as will a process for follow-up monitoring.

Case management for chronically mentally ill adults will enable these clients to have timely access to the services and programs that can best deal with their needs. The case managers will have case loads which will facilitate assessment of and quick response to situations which need immediate attention.

All services will be appropriately documented in the client's file. Plan of care updates will occur periodically to assure that needed services are accessed.

E. QUALIFICATION OF PROVIDERS:

Provider enrollment is limited to the South Carolina Department of Mental Health (SCDMH) and the Medical University of South Carolina (MUSC). SCDMH and MUSC are agencies of the State of South Carolina. Because of the chronic nature of the mental illness present in these

adults, SCMDH and MUSC are the only providers in South Carolina qualified to case manage this population.

Individual case managers serving this population must, at a minimum, hold a Ph.D. or a MSW or a masters degree in psychology, counseling, or a closely related field or a bachelors degree in the above mention disciplines or a Registered Nurse licensed to practice nursing in the State of South Carolina, or other DHHS approved credentialled staff.

Required credentials for a Case Manager Assistant will include no less than a high school diploma or GED, and skills/competencies sufficient to perform assigned tasks or the capacity to acquire those skills/competencies.

F. FREE CHOICE OF PROVIDERS

All adults eligible for Medicaid and deemed chronically mentally ill will be eligible to receive these case management services.

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902(a) (23) of the Act.

1. Eligible recipients will have free choice of case managers and the freedom to switch case managers if and when they desire.
2. Eligible recipients will have free choice of providers of other medical care under the State Plan. Case managers will assure that freedom of choice of physicians and other medical care providers is maintained at all times

G. Payment for case management services under the plan does not duplicate payments made to the public agencies or private entities under other program authorities for this same purpose.

19. CASE MANAGEMENT - Limitations

Under the authority of Section 1915 (g) (1) of the Social Security Act, Case Management Services will be covered without regard to the requirements of Section 1902 (a) (10) (B) of the Act and will be targeted to specific population groups.

- A. Coverage is limited to seriously emotionally disturbed children as determined by criteria established by the South Carolina Department of Mental Health (SCDMH) or the Medical University of South Carolina (MUSC). This criteria includes a current edition of DSM diagnosis for emotional disturbance or neurological impairment and a serious emotional disturbance with a duration of more than six months or projected to continue for more than six months, or needing services of more than two agencies or needing more than two types of mental health services, or has been served in a psychiatric hospital or intensive residential program or needs such services and therefore will meet the criteria of Seriously Emotionally Disturbed. Because of the seriousness and complexity of their mental illness, in South Carolina this population is considered chronically mentally ill.
- B. Case management for seriously emotionally disturbed children is not restricted geographically, and is provided in accordance with Section 1902(a) (10) (B) on a statewide basis.
- C. All case management services for this targeted population of seriously emotionally disturbed children are comparable in amount, duration, and scope.

D. DEFINITION OF SERVICES:

Case management services are defined as those services necessary to assure that the targeted client has access to a full array of needed medical, educational, vocational, social, treatment and rehabilitative services. A mechanism for referral will exist as an integral aspect of this service, as will a process for follow-up monitoring.

Case management for seriously emotionally disturbed children will enable these clients to have timely access to the services and programs that can best deal with their needs. It will also assure follow up on placements and services to assure that these children are in the programs best suited to their respective needs. Case management will provide a quick response to issues which need immediate attention through timely and appropriate referrals.

All services will be appropriately documented in the client's file. Treatment plan updates will occur periodically to assure that needed services are accessed.

E. Qualification of Providers:

Provider enrollment is limited to the South Carolina Department of Mental Health (SCDMH) and the Medical University of South Carolina (MUSC). SCDMH and MUSC are agencies of the State of South Carolina. Because of the chronic nature of the mental illness present in these children, SCDMH and MUSC are the providers in South Carolina that can assure appropriate and timely case management services for this population.

Individual case managers serving this population must, at a minimum, hold a Ph.D. or a MSW or a masters degree in psychology, counseling, or a closely related field or a bachelors degree in the above mentioned disciplines or a Registered Nurse licensed to practice nursing in the State of South Carolina, or other DHHS approved credentialled staff.

Required credentials for a Case Manager Assistant will include no less than a high school diploma or GED, and skills/competencies sufficient to perform assigned tasks or the capacity to acquire those skills/competencies.

F. FREE CHOICE OF PROVIDERS

All children through age 21 eligible for Medicaid and deemed seriously emotionally disturbed will be eligible to receive these case management services.

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of case managers and the freedom to switch case managers if and when they desire.
2. Eligible recipients will have free choice of providers of other medical care under the State Plan. Case managers will assure that freedom of choice of physicians and other medical care providers is maintained at all times.

G. Payment for case management services under the plan does not duplicate payments made to the public agencies or private entities under other program authorities for this same purpose. There will be no duplication of case management services.

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SUPPLEMENT.doc.ckm



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