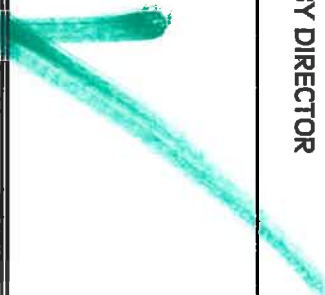


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>12-29-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER <i>.J00349</i>		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR 		<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
61 Forsyth St., Suite 4120
Atlanta, Georgia 30303-8909



RECEIVED

DEC 29 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR



December 5, 2008

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

Re: South Carolina Title XIX State Plan Amendment, Transmittal #08-007

Dear Ms. Forkner:

We accept your request, dated December 3, 2008, to withdraw the above State Plan Amendments.
We are returning all Form HCFA-179s and the proposed plan pages.

If you have any questions regarding this amendment, please contact Elaine Elmore at (404) 562-7408.

Sincerely,

Mary Kaye Justis, RN, MBA
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: SC 08-007	2. STATE South Carolina
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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
April 1, 2008

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:

7. FEDERAL BUDGET IMPACT:

a. FFY 2008 \$470,510
b. FFY 2009 \$941,020

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 8g- 8j

Attachment 3.1-A, Limitation Supplement; Pages 8g & 8j

10. SUBJECT OF AMENDMENT:

Targeted case management for psychiatrically disabled adults.

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:
Ms. Forkner was designated by the Governor
to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

Emma Forkner
13. TYPED NAME:
Emma Forkner

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

14. TITLE:
Director

15. DATE SUBMITTED:

June 30, 2008

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

19. EFFECTIVE DATE OF APPROVED MATERIAL:
PLAN APPROVED - ONE COPY ATTACHED
20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

Target Group: Psychiatrically Disabled Adults

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 Diagnostic and Statistical Manual of Mental Disorders 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.

For case management services provided to individuals in medical institutions, select one of the following:

X Target group is comprised of individuals transitioning to a community setting during the last 60 consecutive days of a covered, long-term stay, in a medical institution, that is 180 consecutive days or longer in duration.

X Target group is comprised of individuals transitioning to a community setting during the last 14 consecutive days of a covered, short-term stay, in a medical institution, of less than 180 consecutive days in duration.

Areas of state in which services will be provided:

X Entire State

 Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide)

Comparability of Services:

 Services are provided in accordance with section 1902(a)(10)(B) of the Act.

X Services are not comparable in amount duration and scope.

Definition of Services: Case management services are services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Case Management includes the following assistance:

Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social or other services. These assessment activities include

- taking client history;
- identifying the individual's needs and completing related documentation; and gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.

SC 08-007

Effective Date: 04/01/08

RO APPROVAL:

SUPERSEDES: MA 94-009

Development (and periodic revision) of a specific care plan that:

- is based on the information collected through the assessment;
- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual.

Referral and related activities:

- to help an eligible individual obtain needed services including activities that help link an individual with
 - o medical, social, educational providers or
 - o other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual.

Monitoring and follow-up activities:

- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - o services are being furnished in accordance with the individual's care plan;
 - o services in the care plan are adequate; and
 - o there are changes in the needs or status of the individual, and if so, making necessary adjustments in the care plan and service arrangements with providers.

Case management may include contacts with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual to access services.

For plans that provide case management services to assist individuals who reside in medical institutions to transition to the community: Case management services are coordinated with and do not duplicate activities provided as a part of institutional services and discharge planning activities.

Qualifications of Providers:

Provider enrolment is limited to the seventeen (17) Community Mental Health Centers, which are entities of 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, SCDMH and the MUSC are the only providers in South Carolina qualified to case manage this population.

SC 08-007

Effective Date: 04/01/08

RO APPROVAL:

SUPERSEDES: MA 94-009

Individual case managers serving this population must, at a minimum, hold a Ph.D. or a MSW or a masters degree in social work, psychology, counseling, or a closely related field or a bachelors degree in the above mention disciplines or a Registered Nurse licensed to practice in the state of South Carolina.

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.

Freedom of Choice:

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 the providers of case management services within the specified geographic area identified in this plan.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

Freedom of Choice Exception:

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

Access to Services:

The State assures that case management services will not be used to restrict an individual's access to other services under the plan.

The State assures that individuals will not be compelled to receive case management services, condition receipt of case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services.

The State assures that individuals will receive comprehensive, case management services, on a one-to-one basis, through one case manager.

The State assures that providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

[For plans that provide case management services to assist individuals who reside in medical institutions to transition to the community, the State makes the following assurances:]

The State assures that the amount, duration, and scope of the case management activities would be documented in an individual's plan of care which includes case management activities prior to and post-discharge, to facilitate a successful transition to the community.

The State assures that case management is only provided by and reimbursed to community case management providers.

The State assures that Federal Financial Participation is only available to community providers and will not be claimed on behalf of an individual until discharge from the medical institution and enrollment in community services.

Case Records:

Providers maintain case records that document for all individuals receiving case management the following: the name of the individual; dates of the case management services; the name of the provider agency (if relevant) and the person providing the case management service; the nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; whether the individual has declined services in the care plan; the need for, and occurrences of, coordination with other case managers; the timeline for obtaining needed services; and a timeline for reevaluation of the plan.

Payment:

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

Case management providers are paid on a unit-of-service basis that does not exceed 15 minutes. A detailed description of the reimbursement methodology identifying the data used to develop the rate, is included in Attachment 4.19B.

Limitations:

Case Management does not include the following:

- Case management activities that are an integral component of another covered Medicaid service;
- The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.
- Activities integral to the administration of foster care programs;
- Activities, for which an individual may be eligible, that are integral to the administration of another non-medical program, except for case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Social Security Act;
- Case management activities to clients participating in any waiver program that includes case management services.

SC 08-007

Effective Date: 04/01/08

RO APPROVAL:

SUPERSEDES: MA 98-006