

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

ACTION REFERRAL

TO <i>Bowling</i>	DATE <i>8-3-06</i>
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<p align="center">DIRECTOR'S USE ONLY</p> <p>1. LOG NUMBER <i>600133</i></p> <p>2. DATE SIGNED BY DIRECTOR <i>Cleaved 11/6/06, letter attached.</i></p>	<p align="center">ACTION REQUESTED</p> <p><input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____</p> <p><input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8-14-06</i></p> <p><input type="checkbox"/> FOIA DATE DUE _____</p> <p><input type="checkbox"/> Necessary Action</p>
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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.				

Dog-Bowling
"Opprop. Sign."

Kansas Health Policy Authority

Marcia Nielson, PhD, MPH, Interim Executive Director

Voice Phone 785-296-3981 Fax 785-296-4813

FAX COVER SHEET

TO: State Medicaid Directors

FAX #:

FROM: Sharon Johnson/Yvonne (296-4486)

DATE: 8/2/06

NUMBER OF PAGES (including cover sheet): 3

Comments:

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****CONFIDENTIAL****

**IF YOU DO NOT RECEIVE ALL PAGES, OR RECEIVE THIS IN ERROR,
PLEASE TELEPHONE US IMMEDIATELY AT 785-296-3981.**

**Case Management Survey
August 1, 2006**

Overview

The Kansas Health Policy Authority (KHPA) is redefining Medicaid case management services. KHPA seeks to employ a single definition, single unit of measurement and reimbursement rate. We are conducting a brief survey to assess if other states are considering similar changes to their case management programs. Will you please take a few minutes to reply to the questions below? Your reply by **August 18, 2006** is greatly appreciated.

State: _____

1. Is there one standard definition of Medicaid funded case management in your state?
 _____ Yes
 _____ No

2. If yes, please provide your state's definition below. If no standard definition exists, please proceed to the table in question 3 below.

3. Please place an x in the boxes that indicate the types of case management offered, and according to whether they are a State Plan Option or HCBS. Please provide the unit measurement and the rate reimbursed by unit.

Type of C.M.	SPO	HCBS	Type of Unit*	Rate per Unit
Mental Illness				
MR/DD				
Frail Elderly				
Physical Disability				
Tech. Dependent				
Foster Care				
JJA				
Addictions				
Early Intervention				
Other				

*Indicate if the unit equal 15 minutes, 30 minutes, 1 hour, daily, monthly or other?

4. For each type of case management, briefly describe how your state established a unit of service.
5. For each type of case management, briefly describe how a rate established.

6. If you have redefined your state's case management services, or are moving in this direction, would you share any documents you have that define the changes by faxing them or providing a link to electronic documents?

Yes
 No

7. If we have a question about your response, who may we contact?

Name: _____
Phone: _____
E-Mail: _____

Please reply by e-mail or fax to:

Mary Stewart
Kansas Health Policy Authority
mhs@srskansas.org
Phone: 785.296.4486
Fax: 785.296.4818

Your response by August 18th is greatly appreciated.



K A N S A S

KANSAS HEALTH POLICY AUTHORITY

MARCIA J. NIELSEN, PhD, MPH
Interim Executive Director

ANDREW ALLISON, PhD
Deputy Director

*Burrows,
Do you see
a previous log
from Henr??*

FAX COVER SHEET

RECEIVED

AUG 18 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

TO: Medicaid Directors

FAX:

FROM: Sharon/Yvonne 296-4486

DATE: 8/18/06

NUMBER OF PAGES (Including Cover Sheet):

3

COMMENTS:

The Kansas Health Policy Authority recently sent ⁹Case Management Survey, dated August 1, 2006 to your agency. The fax number at the end of the survey is incorrect. Please fax your completed survey to 785-296-4813.

****CONFIDENTIAL****

The information transmitted by this fax is intended only for the addressee and may contain confidential and / or privileged material. Any interception, review, retransmission, dissemination, or other use of, or taking of any action upon this information by persons or entities other than the intended recipient is prohibited by law and may subject them to criminal or civil liability. If you received this communication in error, please contact the sender. ****

IF YOU DO NOT RECEIVE ALL PAGES, OR RECEIVE THIS IN ERROR, PLEASE TELEPHONE US IMMEDIATELY AT (785)-296-3981.

Address: Rm. 800-N, Landon Building, 900 SW Jackson Street, Topeka, KS 66612-1220

Kansas Medical Assistance Programs:
Phone: 785-296-3981
Fax: 785-296-4813

State Employee Health Benefits and Plan Purchasing:
Phone: 785-296-6280
Fax: 785-368-7180

State Self Insurance Fund:
Phone: 785-296-2364
Fax: 785-296-8995

**Case Management Survey
August 1, 2006**

Overview

The Kansas Health Policy Authority (KHPA) is redefining Medicaid case management services. KHPA seeks to employ a single definition, single unit of measurement and reimbursement rate. We are conducting a brief survey to assess if other states are considering similar changes to their case management programs. Will you please take a few minutes to reply to the questions below? Your reply by **August 18, 2006** is greatly appreciated.

State: _____

1. Is there one standard definition of Medicaid funded case management in your state?
 _____ Yes
 _____ No

2. If yes, please provide your state's definition below. If no standard definition exists, please proceed to the table in question 3 below.

3. Please place an X in the boxes that indicate the types of case management offered, and according to whether they are a State Plan Option or HCBS. Please provide the unit measurement and the rate reimbursed by unit.

Type of C.M.	SPO	HCBS	Type of Unit*	Rate per Unit
Mental Illness				
MR/DD				
Frail Elderly				
Physical Disability				
Tech. Dependent				
Foster Care				
JJA				
Addictions				
Early Intervention				
Other				

*Indicate if the unit equal 15 minutes, 30 minutes, 1 hour, daily, monthly or other?

4. For each type of case management, briefly describe how your state established a unit of service.

5. For each type of case management, briefly describe how a rate established.

6. If you have redefined your state's case management services, or are moving in this direction, would you share any documents you have that define the changes by faxing them or providing a link to electronic documents?

Yes
 No

7. If we have a question about your response, who may we contact?

Name: _____
Phone: _____
E-Mail: _____

Please reply by e-mail or fax to:

Sharon Johnson
Kansas Health Policy Authority
Sharon.johnson@khpa.ks.gov
Phone: 785.296.4486
Fax: 785.296.4813

Your response by September 1st is greatly appreciated.



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

November 6, 2006

Robert M. Kerr
Director

Mary Stewart
Kansas Health Policy Authority
Room 900-N, Landon Building
900 SW Jackson Street
Topeka, Kansas 66612-1220

Dear Ms. Stewart:

Attached please find responses to the case management survey we received from your agency. Please share with us the results of your survey as we look to enhance our case management programs to South Carolina citizens.

If you have any additional questions, you may contact Ms. Jean C. McDaniel at (803) 898-2565.

Sincerely,

A handwritten signature in cursive script that reads "Sheila L. Mills".

Sheila L. Mills, MPH
Bureau Chief

SLM/pc

CASE MANAGEMENT SURVEY

SOUTH CAROLINA

1. Is there one standard definition of Medicaid funded case management in your state?
 Yes

2. If yes, please provide your state's definition below. If no standard definition exists, please proceed to the table in question 3 below.

Targeted Case Management services involve assisting individuals in locating, coordinating and monitoring access to necessary care and services appropriate to meet the needs of the identified target population. Services are provided to targeted children and adults to help individuals gain access to appropriate medical, social, treatment, educational and other needed services and enable clients to have timely access to the services and programs that can best meet their identified needs and encourage the use of cost effective medical care. A mechanism for referral will exist as an integral part of this service, including a process for follow-up monitoring and tracking.

3. Please place an x in the boxes that indicate the types of case management offered, and according to whether they are a State Plan Option or HCBS. Please provide the unit measurement and the rate reimbursed by unit.

Type of CM	SPO	HCBS	Type of Unit*	Rate per Unit
Mental Illness	X		15 minutes	Rates vary by service provider
MR/DD	X		monthly	
Frail Elderly		X	monthly	
Physical Disability	X		monthly	
Tech. Dependent		X	monthly	
Foster Care				
JJA	X		monthly	
Addictions	X		15 minutes	
Early Intervention	X		15 minutes	
Other Sickle Cell, Sensory Impaired	X		15 minutes	

***Indicate if the unit equal 15 minutes, 30 minutes, 1 hour, daily, monthly or other?**

4. For each type of case management, briefly describe how your state established a unit of service.

As defined by HCPCS.
5. For each type of case management, briefly describe how a rate was established.

Rates are established to reflect projected direct costs associated with case management service delivery and application of an indirect cost factor. Factors considered are average costs of social worker, average anticipated annual caseload, time required for training, travel and leave. Annually, public providers cost reports are reviewed to ensure reimbursements do not exceed actual allowable costs.
6. If you have redefined your state's case management services, or are moving in this direction, would you share any documents you have that define the changes by faxing them or providing a link to electronic documents?

Not applicable.
7. Does your state staff provide case management?

No.
If no, who provides the case management?

Case Management is provided by staff of other State Agencies that contract with SC Department of Health and Human Services to provide Case Management.
8. Do you have certified match on your case management rate?

Yes.
9. If we have a question about your response, who may we contact?

Name: Jean C. McDaniel
Phone: 803-898-2565
E-mail: Mcdanjic@scdhhs.gov