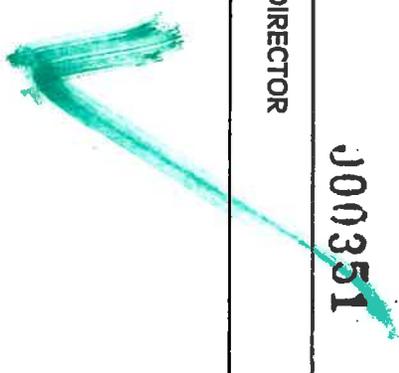


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

<b>TO</b> <i>Hells</i>	<b>DATE</b> <i>12-29-08</i>
---------------------------	--------------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  <i>000351</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

<b>APPROVALS</b> <small>(Only when prepared for director's signature)</small>	<b>APPROVE</b>	<b>* DISAPPROVE</b> <small>(Note reason for disapproval and return to preparer.)</small>	<b>COMMENT</b>
1.			
2.			
3.			
4.			

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



December 5, 2008



**ROBERTO**  
DEC 29 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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 #08-009

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,

A handwritten signature in black ink, appearing to read "Mary Kaye Justis". The signature is fluid and cursive, written over a horizontal line.

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**

1. TRANSMITTAL NUMBER:  
SC 08-009

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

4. PROPOSED EFFECTIVE DATE  
April 1, 2008

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 \$ 67,430  
b. FFY 2009 \$134,859

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 8p – 8s

Attachment 3.1-A, Limitation Supplement; Pages 8p – 8s

10. SUBJECT OF AMENDMENT:

Targeted Case Management for substance abuse.

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:

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:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

**Holly, Mary V. (CMS/CMCHO)**

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**From:** CMS SPA\_Waivers\_Atlanta\_R04  
**Sent:** Monday, June 30, 2008 1:36 PM  
**To:** Holly, Mary V. (CMS/CMCHO); Noonan, Darlene F. (CMS/SC)  
**Subject:** FW: SPA SC 08-009

**Attachments:** SC 08-009 TMC.doc; LTR-CMS signed & datedSC 08-009.pdf; CMS179 signedSC 08-009Coversheet.pdf

    
SC 08-009 LTR-CMS CMS179  
TMC.doc (61 KB) & datedSC 08SC 08-009Cove

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From: Elizabeth Hutto[SMT: HUTTOE@SCDHHS.GOV]  
Sent: Monday, June 30, 2008 1:35:18 PM  
To: CMS SPA\_Waivers\_Atlanta\_R04  
Cc: Noonan, Darlene F. (CMS/SC); Elmore, Elaine (CMS/SC); Holly, Mary V. (CMS/CMCHO); Pheobia Cooper; Rick Hepfer; Deirdra Singleton; Sam waldrup  
Subject: SPA SC 08-009  
Auto forwarded by a Rule

Attached are the attachments for SC 08-009. This plan amendment is for the targeted case management for Substance Abuse.

If additional information is needed, please let me know. Thanks!

Elizabeth F. Hutto  
Finance and Administration  
SC Department of Health and Human Services PO Box 8206 Columbia, SC 29202-8206  
(803) 898-2503  
Fax (803) 255-8235  
Huttoe@scdhhs.gov

**Confidentiality Note**

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED.

If you have received this in error, please notify us immediately and destroy the related message.

TARGET GROUP: SUBSTANCE ABUSE

Coverage is limited to individuals with substance use disorders as determined by criteria established by the South Carolina Department of Health and Human Services and the Department of Alcohol and Other Drug Abuse Services. These criteria include a diagnosis of psychoactive substance abuse, psychoactive substance dependency, and psychoactive substance-induced organic mental disorders as delineated by the current edition of the Diagnostic and Statistical Manual of Mental Disorder (DSM) or; referral to a certified alcohol and drug abuse provider for problems resulting from or related to substance use which do not meet current edition of the DSM criteria for psychoactive substance abuse/dependence, or; having received treatment in an intensive alcohol and drug abuse treatment program or chemical dependence hospital or in need of these services.

*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 08-009

Effective Date: 04/01/08

RO APPROVAL:

SUPERSEDES: MA 94-009

Attachment 3.1-A

Limitation Supplement

Page 8q

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 enrollment is available to any provider who can meet the specific enrollment criteria for alcohol and other drug abuse service providers certified by the Department of Alcohol and Other Drug Abuse Services (DAODAS), which is an agency of the State of South Carolina.

SC 08-009  
Effective Date: 04/01/08  
RO APPROVAL:  
SUPERSEDES: MA 94-009

Individual case managers serving this population must, at a minimum, be certified by DAODAS as a Clinical Counselor or Intervention Specialist, or; hold a master's degree in a social science or related discipline, or; hold a bachelor's degree in the above mentioned disciplines and one year experience in service provision to alcohol and drug abuse or mental health clients, or; hold a master's or bachelor's degree in any discipline, and within nine (9) months from the initiation of service provision, demonstrate successful completion of the case management training curriculum developed and provided by DAODAS and approved by the South Carolina Department of Health and Human Services (DHHS).

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:

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.

SC 08-009

Effective Date: 04/01/08

RO APPROVAL:

SUPERSEDES: MA 98-006

*[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 08-009

Effective Date: 04/01/08

RO APPROVAL:

SUPERSEDES: MA 94-009