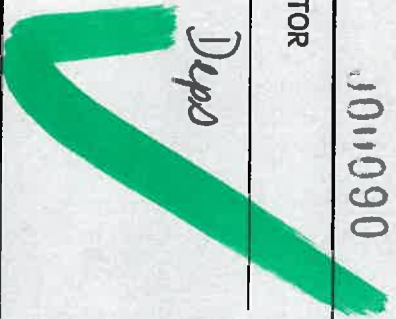


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>8-18-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100090</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Fortner, Depo</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.			

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

August 13, 2009

RECEIVED

AUG 17 2009

Ms. Emma Forkner, State Director
S.C. Department of Health and Human Services
1801 Main Street
Columbia, South Carolina 29201

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. ~~Forkner~~ *Forkner*:

It has come to my attention that the S.C. Department of Health and Human Services (DHHS) is in the process of making changes in the Medicaid State Plan Amendment definition and service standards for Intensive Family Services (IFS). Intensive Family Services is a critically needed service for the children and families served by the Department of Social Services (DSS).

Over the past several months, while working with DHHS to define discrete services for the State Medicaid Plan Amendment, a state interagency workgroup consisting of representatives from DSS, DJJ, Continuum of Care, DMH and DAODAS worked on the definition and service standards for Intensive Family Services. The consensus of the interagency group is that South Carolina requires a definition of Intensive Family Services that encompasses a range of evidence-based practice models aimed at community-based interventions to address a wide array of family dysfunctions. A draft of a proposed rewrite of this service was provided to DHHS staff earlier this year.

Within the past week, however, DHHS staff indicated that they have already submitted and are communicating with CMS about a description for Intensive Family Services that is very limiting, in that it focuses primarily on antisocial behaviors and recognizes only Multi-Systemic Therapy (MST) as the Medicaid-reimbursable in-home family preservation model. This limited definition and the allowable use of only one model for delivery will reduce the applicability and effectiveness of IFS and have costly effects on the state, both monetarily and in the welfare of our children and their families.

Last month the U.S. Department of Health and Human Services conducted a federal Child and Family Services Review of the child welfare system in South Carolina. While the formal results of this review will not be available until later this year, the preliminary report highlighted that South Carolina has many challenges in developing and implementing effective community-based interventions for families.

Ms. Emma Forkner
August 13, 2009
Page 2

One of the key strategies DSS plans to use to come into compliance with federal child welfare benchmarks is the increased use of IFS services for eligible children and families. DSS plans to use IFS services as a key component in deploying Family Group Decision Making across the state as a family engagement model of early intervention in families that come to the attention of child welfare. We are also actively engaged in collaborative planning with the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) regarding provision of family interventions aimed at child welfare families with substance abuse issues.

The DHHS proposed definition and service standards for IFS will severely hamper that ability of DSS to effectively employ IFS as a means to stabilize families and prevent children from coming into state custody unnecessarily, or to facilitate the timely and safe return of children to their family.

It is critical in this challenging environment that South Carolina move forward with enhancing rather than limiting community-based service offerings. The lack of a comprehensive service array to address the needs of families in their community is a statewide issue that needs support from the entire system of state agencies and community service providers. A key component of successful community-based interventions is a robust and flexible evidence-based system for intervening with families.

I respectfully request your assistance in ensuring that DSS and other child and family services agencies be actively involved with your HHS staff to define and develop appropriate definitions and standards for family preservation models to be included under the umbrella of Intensive Family Services. I have asked my chief of staff, Katie Morgan, to be the DSS point of contact on this issue and have asked her to immediately make contact with your deputies to see what adjustments to the current process might be possible to ensure that DSS has high level involvement in further development activities related to this service description. Thank you for your consideration of this request.

Sincerely,



Kathleen M. Hayes, Ph.D.
State Director

KMH/cw

cc: Katie Morgan