DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Bowling	6-20-07

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000789	[X] Prepare reply for the Director's signature DATE DUE 6-27-07
2. DATE SIGNED BY DIRECTOR Cleared 6/28/07, letter attached.	[ ] Prepare reply for appropriate signature DATE DUE [ ] FOIA DATE DUE [ ] 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.			

DMH South Carolina Department of Mental Health

2414 Bull Street/P.O. Box 485
Columbia, S.C. 29202
Information: (803) 898-8581

John H. Magill
State Director of Mental Health

MISSION STATEMENT
To support the recovery of people with mental illnesses.

June 18, 2007

Log: Bowling
dir, Msgr

RECEIVED
JUN 19 2007
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Susan Bowling, Acting Director
Department of Health and Human Service
1801 Main Street
P. O. Box 8206
Columbia, SC 29202-8206

Dear Ms. Bowling:

During a May 17, 2007 meeting with staff from DMH and DHHS, the Medical Management Only proposal was discussed (also referred to as "Medication" Management Only). DHHS staff in attendance advised that there were some questions about the differences this change would make to current requirements, as well as why it was needed. Also, DHHS staff noted that clarification in the wording of the proposal was needed. We have revised the proposal (attached) to better describe the level of care, and we are requesting your final approval. With regard to the inquiry about the difference and purpose, please see below.

Because these patients have usually had a history of extensive mental health services which were successful in getting them to the point of stabilization of their symptoms and normal functioning, they are now in need of medical management services only. Their goals are usually minimal and they are seeking ongoing medical services to maintain this stability. As a result, the Plan of Care (POC) would be minimal and have only services that are PRN and are not required to be listed. Therefore:

- POC would be documented on the Physician's Medical Order (PMO) and not on a separate sheet because only PRN services are being received
- An advanced practice registered nurse (APRN) would be allowed to perform Physician's Medical Assessments (PMA) for these patients and the PMO would include a POC. A minimum of annually, the supervising physician would review the patient's progress and co-sign the APRN's note signifying concurrence with the POC
- Progress summaries, completed every 90 days, would be documented on a PMO or a Clinical Service Note
- For those patients stable enough to need medical visits less frequently than every 90 days, a progress summary will be completed as the first service thereafter

The purpose of the Medical Management Only level of care is to increase the efficiency of service provision and documentation based on clients' level of functioning and medical needs while providing appropriate level of services to all patients needing this level of care.

Medical Management Only patients need limited services with DMH to remain stable. This stability usually follows intensive but effective outpatient and/or inpatient care. These patients do not need to make unnecessary visits to maintain stability, such as to receive assessments by non-medical mental health professionals or meeting with case managers to review and sign a POC that would have no services actually listed as interventions (all needed services being PRN). Also, many of these patients are able to work and may have to be off their jobs to receive services that would add nothing to the quality of their care. However, once stable, if changes in symptoms are not found and treated quickly, patients may experience a full relapse. These patients tend to remain stable longer when they continue to receive medical management of their mental illness through the mental health centers.

This new service would result in less paperwork (such as the need to document a separate Plan of Care or Progress Summary located in additional sections of the medical record) for center staff without a decrease in quality of services to patients, in addition to a decrease in the number of services stable patients must receive to remain open with mental health. The clearly defined documentation requirements proposed will provide these benefits while strengthening the medical record for auditors.

If there are additional changes or clarifications that DHHS deems necessary, we request that those be submitted in writing so that we can respond quickly and to ensure that no issues are left unanswered. We will be glad to meet with you if it will expedite and assist with this request, which was first proposed in July 2006.

Thank you for your consideration of this request for final approval.

Sincerely,

Brenda M. Ratliff, M.D.
Medical Director

BMR/vwg

Attachment

cc: Jean McDaniel

(H:\Med Mjt Only letter to HHS June 18 2007.doc)

Medical Management Only
for
SCDMH Community Mental Health Services
June 14, 2007

Medical Management Only *is a level of care provided to patients who, due to their level of functioning and psychiatric stability, do not require ongoing psychotherapeutic interventions (e.g. Ind Tx, Gp Tx, Fm Tx, STAD, PRS, CCS). Patients identified as Medical Management Only need prescription of appropriate medications and continued monitoring for side effects. Patients who can benefit from medical management to maintain therapeutic gains and emotional stabilization will be managed by medical staff. Services will be provided by physicians, Advanced Practice Registered Nurses (APRN), and/or Registered Nurses (RN). Only a physician may determine that a patient is appropriate for Medical Management Only level of care.*

Medical Management Only patients may receive only the following services:

Nursing Services
Injectable Medication Administration
Mental health Assessment by a non-physician
Psychiatric Medical Assessment (PMA)
Psychiatric Medical Assessment Advanced Practice Registered Nurse
Crisis Intervention services (up to two contacts per year)
Targeted Case Management/Case Management

The physician will perform a PMA to determine the readiness of the patient for this level of care. The physician will assign the patient to this level of care and prescribe the treatment plan to be followed. The physician must include a properly completed Physician's Medical Order (PMO) form in the record which must be signed and dated. Patients will be assessed at least annually to determine on-going appropriateness of this level of care.

Thereafter medical staff will continue to provide services to the patient. When patients are receiving medical services by an APRN, the physician must co-sign a note at least annually, thereby authorizing the treatment plan and continued participation in this level of care. The PMA note by either the physician or the APRN will contain the on-going POC.

Participation in the Medical Management Only level of care must be clearly documented in the patient's medical record. In addition to general documentation requirements and those specified in the service standard, the PMO or Clinical Service Note must contain the following:

- *Intervening services since the last PMA*

- *Assessment of whether the patient is meeting his/her goal(s) and any desire to change the goal(s) or level of care. Example of goals may include "take my medicine and stay out of the hospital" or "continue to work" or "continue to take care of my family" or "not hear voices" or "learn more about my medicine, etc."*

- *Indication of any change in patient's goal(s) and that client verbally agrees to continue in this level of care*

- *Justification for continued treatment.*

The patient's progress and any significant changes in the patient's treatment will be documented in the patient's record every 90 days. This progress summary may be documented in the PMO note or a CSN. If a patient has not been seen by a physician, an APRN, or an RN during the preceding 90-day period, a progress summary must be completed during the first contact thereafter. Continuing progress summaries must be completed every 90 days thereafter or at the next contact if, once again, the service period is greater than 90 days.

If the physician determines that the patient needs additional community mental health services other than those allowed under this policy, the patient no longer meets the Medication Management Only criteria and all Medicaid standard community mental health services requirements shall apply.

All Medicaid billing requirements as set forth in the Billing Requirements section of Section 2 of this manual must be maintained.

#789

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Susan B. Bowling
Acting Director

June 28, 2007

Brenda M. Ratliff, M.D., Medical Director
South Carolina Department of Mental Health
Post Office Box 485
Columbia, South Carolina 29202

Dear Dr. Ratliff:

We are in receipt of the revised Medical Management Only proposal submitted in response to inquiries made by my staff. The South Carolina Department of Health and Human Services appreciates your efforts to clarify the needs of your system and the population that will benefit from this method of service delivery.

We are in the process of reviewing your proposal and hope to have a final determination on all revisions to Section 2 by the end of July. Prior to approval of the proposal, we will consider the possibility of existing policy allowances and any implications to the current delivery system. A Medicaid Bulletin will be released announcing the policy revisions. My staff will continue to work with you and your designee(s) to expedite this request. We are hoping to have a final determination on all the revisions to section 2 by the end of July.

Thank you for your continued efforts to provide quality services to Medicaid beneficiaries. Should you have any questions or need additional assistance, you may contact Ms. Jean C. McDaniel at 898-2565.

Sincerely,

Felicity Costin Myers, Ph.D.
Bureau Chief

FCM/mmj

Bureau of Rehabilitative and Medical Support Services
P.O. Box 8206 • Columbia, South Carolina 29202-8206
(803) 898-2555 • Fax (803) 255-8205