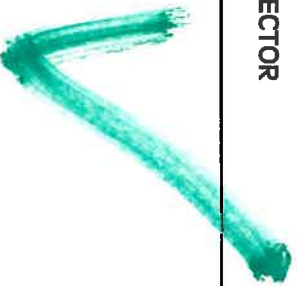


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>12-29-08</i>
--------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>100348</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 <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.			

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



December 5, 2008



RECEIVED

DEC 20 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 #08-013

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**

1. TRANSMITTAL NUMBER:
SC 08-013

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
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 \$231,738
b. FFY 2009 \$463,476

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 8z.6 – 8z.9

10. SUBJECT OF AMENDMENT:

Targeted Case Management for sensory impairment.

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:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

Target Group - Sensory Impairment

Coverage is limited to non-institutionalized Medicaid recipients determined to be sensory impaired. Additional criteria is listed as follows:

1. diagnosed as legally blind or visually impaired, or deaf or hard of hearing or multi-handicapped by a qualified specialist in the areas of vision and hearing.
2. eligible for services as determined by criteria established by SCDHHS, South Carolina Commission for the Blind or South Carolina School for the Deaf and Blind or be an applicant in the intake process.
3. between the ages of birth through sixty-four (64) years of age at the time of application.
4. a resident of South Carolina.

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.

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Effective Date: 04/01/08
RO APPROVAL:
SUPERSEDES: New Page

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:

Case managers serving this population must, at a minimum, hold a master's degree from an accredited university or college in a human services (social and behavioral), allied health, or special education field with one year of documented experience in performing rehabilitation, clinical, or casework activities, preferably with sensory impaired individuals; or a bachelor's degree in the above and 3 years experience in performing rehabilitation, clinical, or casework activities or a bachelor's degree with a combination of education and experience listed above.

SC 08-013

Effective Date: 04/01/08

RO APPROVAL:

SUPERSEDES: New Page

Attachment 3.1-A

Limitation Supplement

Page 8z.8

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.

[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.

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Effective Date: 04/01/08
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SUPERSEDES: New Page
Attachment 3.1-A
Limitation Supplement
Page 82.9

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 08-013
Effective Date: 04/01/08
RO APPROVAL:
SUPERSEDES: New Page



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

June 30, 2008

Emma Forkner
Director

Ms. Teresa DeCaro
Acting Associate Regional Administrator
Center for Medicare and Medicaid Services
Division of Medicaid & Children's Health
Atlanta Regional Office
61 Forsyth Street, SW- Suite 4T20
Atlanta, Georgia 30303-8909

RE: South Carolina Title XIX State Plan Amendment SC 08-013

Dear Ms. DeCaro:

Enclosed please find South Carolina's State Plan Amendment (SPA) for targeted case management for Sensory Impairment. Based on conversations with our Centers for Medicare and Medicaid Services (CMS) State Representative, Elaine Elmore, we are considering this SPA to be a placeholder. We understand that we will have extensive dialogue with CMS staff about this submission in the coming months and the opportunity to make revisions. It is also our understanding that we may withdraw this SPA at any point prior to CMS approval.

In addition, we are deleting coverage for the following target populations: foster children, juvenile justice children ages 0-21 and recipients receiving adult protective services.

We look forward to working with Elaine and other CMS staff to have this SPA approved.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/mwch
Enclosures