

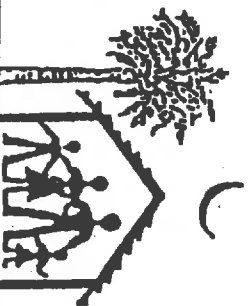
**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO	DATE
<i>Waldrop</i>	<i>12-1-11</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101213</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Keck</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-16-11</i>
<i>Cleared 12/19/11, see attached</i> <i>e-mail response.</i>	
<input type="checkbox"/> FOIA DATE DUE _____ <input 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.			



South Carolina Association of Children's Homes and Family Services

November 20, 2011

RECEIVED

NOV 30 2011

Mr. Anthony Keck, Director
Department of Health and Human Services
1801 Main Street
Columbia, SC 29201

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Targeted Case Management (TCM) State Plan Amendment (SPA)

Dear Mr. Keck:

We would like to take this opportunity to provide comments regarding the provision of targeted case management (TCM) services in South Carolina. We believe the state has a compelling interest in resolving ambiguities regarding billing for the service. According to the Targeted Case Management Manual, provider enrollment is limited to the following contracted agencies and/or providers, who serve Medicaid-eligible beneficiaries of the identified target populations:

- Commission for the Blind
- Continuum of Care
- Department of Alcohol and Other Drug Abuse Services
- Department of Disabilities and Special Needs
- Department of Health and Environmental Control
- Department of Juvenile Justice
- Department of Mental Health
- Department of Social Services/Intensive Foster Care and Clinical Services
- Department of Social Services/Adult Services
- Medical University of South Carolina
- School for the Deaf and Blind
- Sickle Cell Foundation¹

One of the specific target populations identified in the current state plan as eligible for Targeted Case Management are children with serious emotional disturbances (SED). Many of the children in DSS custody who are receiving foster care services meet the definition of SED. While some are served by specialized foster care homes managed by DSS, the

¹ SC DHHS, Targeted Case Management Manual, pg.2-19

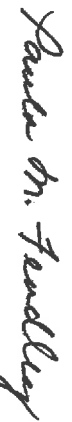
The current RFP for Residential Services includes the following requirement "In Level 2 and 3 programs, services shall be directly supervised by a CARE COORDINATOR. The Care Coordinator has the responsibility for evaluating, assessing, and the provision of all essential tasks for children/youth who are receiving care."² Similarly, TCM requires the development of a care plan as it relates to the child's ability to access Medicaid services, and this care plan has many of the same components as the plan required under the RFP. Additionally, the RFP placed increased emphasis on the need for parental involvement in the placement and continued care of children in foster care. Providers must establish relationships with family members and other connected adults in order to successfully reunite the family and to plan for alternative permanency if the family cannot be reunified. This requirement places the care coordinator in a position to coordinate services and engage family members in the active planning for the child's care.

If the family chooses the private provider as the "provider of choice" for TCM, the DSS case manager would continue providing the basic case management services required as an inherent part of the foster care services they are responsible for coordinating.

The Association strongly urges the Department of Health and Human Services to allow qualified private providers to enroll and deliver Medicaid - reimbursed Targeted Case Management services. These providers have the credentialed staff required by the RBHS SPA, and they are qualified to provide the care coordination that will assure that the Medicaid beneficiary's needs, and the needs of the family, are adequately being met without duplication of services.

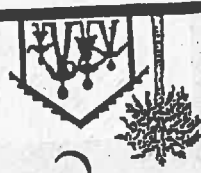
Thank you for allowing us to comment on the proposed changes.

With kindest personal regards,



Paula M. Fendley, M. Ed., LMSW
Chief Executive Officer

² SC DSS, Statewide Residential Services for Children, pg. 36.



**South Carolina Association
of Children's Homes and Family Services**

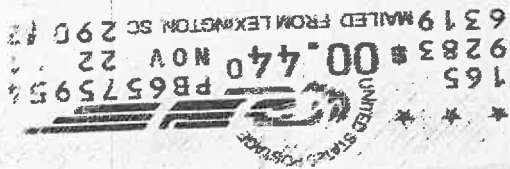
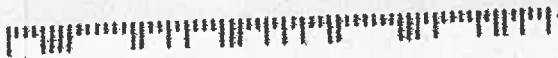
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Department of Health & Human Services
OFFICE OF THE DIRECTOR

NOV 90 2011

Mr. Anthony Keck, Director
Department of Health and Human Services
1801 Main Street
Columbia, SC 29201

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Brenda James - Fwd: Re: TCM State Plan Amendment Draft

Log #213

From: Teeshla Curtis
To: Brenda James
Date: 12/19/2011 2:51 PM
Subject: Fwd: Re: TCM State Plan Amendment Draft
CC: Brenda Hyleman; Jeanne Carlton; Richard Kluender

Brenda,

The email below is in response to Log 213. The public meeting is scheduled for January 24, 2012.

Teeshla

>>> Sam waldrep 12/14/2011 6:16 PM >>>
See below in **bold**

>>> "Paula Fendley" <PFendley@scachfs.com> 12/14/2011 4:17 PM >>>
Hey Sam,

I'd like a copy of the draft SPA and accompanying supporting documents on TCM. If this needs to be a FOIA request, then consider this a request pursuant to FOIA.

When we announce the public meeting, my plan is to be able to share documents like the actual SPA and the summary of changes....or at least very shortly after we announce it. So, we will be at a place to share it with you and everyone else in the coming days. I need to confer with Jeff about what needs to be done to his piece. The SPA is a template prescribed by CMS for the coverage section.

In addition, for my better understanding, could state agencies, in setting up their QPL to purchase TCM from private providers to adhere to FOC rules, set the credentialing standards higher than those for state employees who had been previously delivering and billing for TCM?

Honestly, Paula, we have not gotten anywhere close to answering questions like this related to implementation. I have tried real hard to not get in the weeds with things like this at this point until we got the SPA submitted. The reality is we will need to be in compliance. The "how" will be discussed after we get this big step (submission) behind us.

Thanks!

Paula M. Fendley, M.Ed., LMSW
Chief Executive Officer
South Carolina Association of Children's Homes and Family Services
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Lexington, SC 29072
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803-238-1383 (mobile)

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