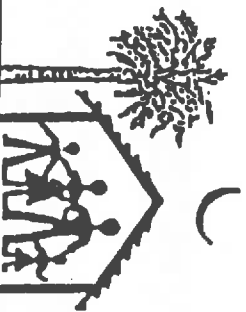


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers/Waldrop</i>	DATE <i>9-14-10</i>
DIRECTOR'S USE ONLY	
1. LOG NUMBER <i>101115</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Ms. Foxner, Deps</i> <i>Cleared 9/24/10, letter</i> <i>attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-23-10</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

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

September 10, 2010

RECEIVED

SEP 14 2010
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Colonel Emma Forkner
South Carolina Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

Dear Colonel Forkner:

On behalf of the providers of Therapeutic Foster Home Services (TFHS), this correspondence will convey several issues related to implementation of the new Rehabilitative Behavioral Health Services State Plan Amendment (SPA). As you know, TFHS were unbundled pursuant to the new SPA upon its approval by the Centers for Medicare and Medicaid Services (CMS).

We realize that this is a very difficult and challenging time for all government agencies as the budget crisis persists. However, serious challenges exist for providers of services to children who have behavioral health needs. The following items are of direct concern to TFHS providers:

1. The providers of Therapeutic Foster Home Services request that we begin immediately to work on a State Plan Amendment submission that re-bundles therapeutic foster care. In our meeting with you before the SPA submission, you agreed to assist providers in this effort once the SPA was approved by CMS.
2. While the SPA is under development to propose re-bundling to CMS, there should be an evaluation of the administrative costs associated with delivering the unbundled services. The current rates do not appear to be sufficient to cover the costs associated with implementing the new SPA services.
3. The option should be given to providers to utilize the Chance Waiver note, or some acceptable version of a service note (such as the attached note), based upon provider preference and foster parent competencies, in order to meet foster parent documentation requirements.

The favor of a reply is requested.

Sincerely,

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

Enclosure

DAILY SERVICE NOTE

Child's Name: _____

Medicaid ID: _____

For the Week of _____ through _____

For each service provided, list the setting code, and the number of unit billed.

Rehabilitative Psychosocial Services		H2017		Setting Codes: (1) Home (2) School (3) Treatment Facility (4) Community (5) Other (Describe): _____	
Total RPS Units for the Week:	Authorized Units:	Total Time In Full 15 Minute Increments			
BMOD		H2014	Units	Time	Units
<small>**NOTE: BMOD SERVICES ARE AUTHORIZED ON AN INDIVIDUAL BASIS. IF YOU ARE NOT AUTHORIZED TO PROVIDE SERVICES, PLEASE DO NOT DOCUMENT THEM. **</small>					
Total RPS Units for the Week:	Authorized Units:		1 2 3 4 5 6	15 minutes 30 minutes 45 minutes 1 hour 1 hour 15 minutes 1 hour 30 minutes	7 8 9 10 11 12
					1 hour 45 minutes 2 hours 2 hours 15 minutes 2 hours 30 minutes 2 hours 45 minutes 3 hours

TREATMENT GOALS:

1. _____
2. _____
3. _____

SATURDAY

What did you do with the child?	Goal #: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Total RPS Units for the Day: _____ Setting: _____	Total BMOD Units for the Day: _____ Setting: _____
---------------------------------	--	--	---

Behaviors Noted

- ☐ tearful ☐ lying ☐ physically aggressive ☐ anxious ☐ stealing ☐ suicidal ☐ disrespectful ☐ verbally aggressive
☐ sexually acting out ☐ bedwetting ☐ truancy ☐ impulsive ☐ poor personal hygiene ☐ problems at school ☐ difficulty with authority ☐ poor coping skills ☐ oppositional ☐ destroys property ☐ other _____

How did you work on the skill with the child: ☐ modeled ☐ guided ☐ taught ☐ other _____

Rehabilitative Psychosocial Services

BMOD

Check the interventions utilized, evaluate the child's response to the intervention by circling one of the following:

1. Negative response 2. Limited response 3. Positive response

- | | |
|--|--|
| <input type="checkbox"/> I instructed the child in maintaining their living environment (laundry, housekeeping, etc.) 1 2 3
<input type="checkbox"/> I instructed the child in meal planning and preparation 1 2 3
<input type="checkbox"/> I assisted the child in accessing community resources 1 2 3
<input type="checkbox"/> I discussed with the child the consequences of their actions 1 2 3
<input type="checkbox"/> I discussed alternative behaviors 1 2 3
<input type="checkbox"/> I instructed the child in money management 1 2 3
<input type="checkbox"/> I discussed with the child their appearance and hygiene 1 2 3
<input type="checkbox"/> Other intervention (specify): _____
Comments: _____ | <input type="checkbox"/> I redirected the child's behavior by: _____ 1 2 3
<input type="checkbox"/> I redirected the child's attention to complete task(s) by: _____ 1 2 3
<input type="checkbox"/> I discussed the consequences of behaviors with the child 1 2 3
<input type="checkbox"/> I rewarded/praised the child's behaviors with the child 1 2 3
<input type="checkbox"/> I discussed alternative behaviors with the child 1 2 3
<input type="checkbox"/> I modeled appropriate behavior by: _____ 1 2 3
<input type="checkbox"/> I de-escalated acting out behavior by: _____ 1 2 3
<input type="checkbox"/> Other intervention (specify): _____
Comments: _____ |
|--|--|

MHS Signature/Date: _____

SUNDAY

What did you do with the child?	Goal #: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Total RPS Units for the Day: _____ Setting: _____	Total BMOD Units for the Day: _____ Setting: _____
---------------------------------	--	--	---

Behaviors Noted

- ☐ tearful ☐ lying ☐ physically aggressive ☐ anxious ☐ stealing ☐ suicidal ☐ disrespectful ☐ verbally aggressive
☐ sexually acting out ☐ bedwetting ☐ truancy ☐ impulsive ☐ poor personal hygiene ☐ problems at school ☐ difficulty with authority ☐ poor coping skills ☐ oppositional ☐ destroys property ☐ other _____

How did you work on the skill with the child: ☐ modeled ☐ guided ☐ taught ☐ other _____

Rehabilitative Psychosocial Services

BMOD

Check the interventions utilized, evaluate the child's response to the intervention by circling one of the following:

1. Negative response 2. Limited response 3. Positive response

☐ instructed the child in maintaining their living environment (laundry, housekeeping, etc.) 1 2 3
☐ instructed the child in meal planning and preparation 1 2 3
☐ assisted the child in accessing community resources 1 2 3
☐ discussed with the child the consequences of their actions 1 2 3
☐ discussed alternative behaviors 1 2 3
☐ instructed the child in money management 1 2 3
☐ discussed with the child their appearance and hygiene 1 2 3
Other intervention (specify): _____ 1 2 3
Comments: _____

☐ redirected the child's behavior by: _____ 1 2 3
☐ redirected the child's attention to complete task(s) by: _____ 1 2 3
☐ discussed the consequences of behaviors with the child 1 2 3
☐ rewarded/praised the child's behaviors 1 2 3
☐ discussed alternative behaviors with the child 1 2 3
☐ modeled appropriate behavior by: _____ 1 2 3
☐ de-escalated acting out behavior by: _____ 1 2 3
Other intervention (specify): _____ 1 2 3
Comments: _____

MHS Signature/Date: _____

MONDAY

Total RPS Units for the Day: ____ Total BMOD Units for the Day: ____
Setting: ____
What did you do with the child? Goal #: ☐ 1 ☐ 2 ☐ 3

Behaviors Noted

☐ tearful ☐ lying ☐ physically aggressive ☐ anxious ☐ stealing ☐ suicidal ☐ disrespectful ☐ verbally aggressive
☐ sexually acting out ☐ bedwetting ☐ truancy ☐ impulsive ☐ poor personal hygiene ☐ problems at school ☐ difficulty with authority ☐ poor coping skills ☐ oppositional ☐ destroys property ☐ other _____

How did you work on the skill with the child: ☐ modeled ☐ guided ☐ taught ☐ other _____

Rehabilitative Psychosocial Services

BMOD

Check the interventions utilized, evaluate the child's response to the intervention by circling one of the following:

1. Negative response 2. Limited response 3. Positive response

☐ instructed the child in maintaining their living environment (laundry, housekeeping, etc.) 1 2 3
☐ instructed the child in meal planning and preparation 1 2 3
☐ assisted the child in accessing community resources 1 2 3
☐ discussed with the child the consequences of their actions 1 2 3
☐ discussed alternative behaviors 1 2 3
☐ instructed the child in money management 1 2 3
☐ discussed with the child their appearance and hygiene 1 2 3
Other intervention (specify): _____ 1 2 3
Comments: _____

☐ redirected the child's behavior by: _____ 1 2 3
☐ redirected the child's attention to complete task(s) by: _____ 1 2 3
☐ discussed the consequences of behaviors with the child 1 2 3
☐ rewarded/praised the child's behaviors 1 2 3
☐ discussed alternative behaviors with the child 1 2 3
☐ modeled appropriate behavior by: _____ 1 2 3
☐ de-escalated acting out behavior by: _____ 1 2 3
Other intervention (specify): _____ 1 2 3
Comments: _____

MHS Signature/Date: _____

TUESDAY

Total RPS Units for the Day: ____ Total BMOD Units for the Day: ____
Setting: ____
What did you do with the child? Goal #: ☐ 1 ☐ 2 ☐ 3

Behaviors Noted

☐ tearful ☐ lying ☐ physically aggressive ☐ anxious ☐ stealing ☐ suicidal ☐ disrespectful ☐ verbally aggressive
☐ sexually acting out ☐ bedwetting ☐ truancy ☐ impulsive ☐ poor personal hygiene ☐ problems at school ☐ difficulty with authority ☐ poor coping skills ☐ oppositional ☐ destroys property ☐ other _____

How did you work on the skill with the child: ☐ modeled ☐ guided ☐ taught ☐ other _____

Rehabilitative Psychosocial Services

BMOD

Check the interventions utilized, evaluate the child's response to the intervention by circling one of the following:

1. Negative response 2. Limited response 3. Positive response

☐ instructed the child in maintaining their living environment (laundry, housekeeping, etc.) 1 2 3
☐ instructed the child in meal planning and preparation 1 2 3
☐ assisted the child in accessing community resources 1 2 3
☐ discussed with the child the consequences of their actions 1 2 3
☐ discussed alternative behaviors 1 2 3
☐ instructed the child in money management 1 2 3
☐ discussed with the child their appearance and hygiene 1 2 3
Other intervention (specify): _____ 1 2 3
Comments: _____

☐ redirected the child's behavior by: _____ 1 2 3
☐ redirected the child's attention to complete task(s) by: _____ 1 2 3
☐ discussed the consequences of behaviors with the child 1 2 3
☐ rewarded/praised the child's behaviors 1 2 3
☐ discussed alternative behaviors with the child 1 2 3
☐ modeled appropriate behavior by: _____ 1 2 3
☐ de-escalated acting out behavior by: _____ 1 2 3
Other intervention (specify): _____ 1 2 3
Comments: _____

MHS Signature/Date: _____

WEDNESDAYTotal RPS Units for the Day: ____
Setting: ____Total BMOD Units for the Day: ____
Setting: ____

What did you do with the child?

Goal #:

☐ 1☐ 2☐ 3

Behaviors Noted

☐ tearful ☐ lying ☐ physically aggressive ☐ anxious ☐ stealing ☐ suicidal ☐ disrespectful ☐ verbally aggressive
☐ sexually acting out ☐ bedwetting ☐ truancy ☐ impulsive ☐ poor personal hygiene ☐ problems at school ☐ difficulty with
authority ☐ poor coping skills ☐ oppositional ☐ destroys property ☐ other _____

How did you work on the skill with the child: ☐ modeled ☐ guided ☐ taught ☐ other _____

Rehabilitative Psychosocial Services

BMOD

Check the interventions utilized, evaluate the child's response to the intervention by circling one of the following:

1. *Negative response* 2. *Limited response* 3. *Positive response*

☐ I instructed the child in maintaining their living environment (laundry, housekeeping, etc.) 1 2 3
☐ I instructed the child in meal planning and preparation 1 2 3
☐ I assisted the child in accessing community resources 1 2 3
☐ I discussed with the child the consequences of their actions 1 2 3
☐ I discussed alternative behaviors 1 2 3
☐ I instructed the child in money management 1 2 3
☐ I discussed with the child their appearance and hygiene 1 2 3
☐ Other intervention (specify): _____ 1 2 3
Comments: _____

☐ I redirected the child's behavior by: _____ 1 2 3
☐ I redirected the child's attention to complete task(s) by: _____ 1 2 3
☐ I discussed the consequences of behaviors with the child 1 2 3
☐ I rewarded/praised the child's behaviors 1 2 3
☐ I discussed alternative behaviors with the child 1 2 3
☐ I modeled appropriate behavior by: _____ 1 2 3
☐ I de-escalated acting out behavior by: _____ 1 2 3
☐ Other intervention (specify): _____ 1 2 3
Comments: _____

MHS Signature/Date: _____

THURSDAYTotal RPS Units for the Day: ____
Setting: ____Total BMOD Units for the Day: ____
Setting: ____

What did you do with the child?

Goal #:

☐ 1☐ 2☐ 3

Behaviors Noted

☐ tearful ☐ lying ☐ physically aggressive ☐ anxious ☐ stealing ☐ suicidal ☐ disrespectful ☐ verbally aggressive
☐ sexually acting out ☐ bedwetting ☐ truancy ☐ impulsive ☐ poor personal hygiene ☐ problems at school ☐ difficulty with
authority ☐ poor coping skills ☐ oppositional ☐ destroys property ☐ other _____

How did you work on the skill with the child: ☐ modeled ☐ guided ☐ taught ☐ other _____

Rehabilitative Psychosocial Services

BMOD

Check the interventions utilized, evaluate the child's response to the intervention by circling one of the following:

1. *Negative response* 2. *Limited response* 3. *Positive response*

☐ I instructed the child in maintaining their living environment (laundry, housekeeping, etc.) 1 2 3
☐ I instructed the child in meal planning and preparation 1 2 3
☐ I assisted the child in accessing community resources 1 2 3
☐ I discussed with the child the consequences of their actions 1 2 3
☐ I discussed alternative behaviors 1 2 3
☐ I instructed the child in money management 1 2 3
☐ I discussed with the child their appearance and hygiene 1 2 3
☐ Other intervention (specify): _____ 1 2 3
Comments: _____

☐ I redirected the child's behavior by: _____ 1 2 3
☐ I redirected the child's attention to complete task(s) by: _____ 1 2 3
☐ I discussed the consequences of behaviors with the child 1 2 3
☐ I rewarded/praised the child's behaviors 1 2 3
☐ I discussed alternative behaviors with the child 1 2 3
☐ I modeled appropriate behavior by: _____ 1 2 3
☐ I de-escalated acting out behavior by: _____ 1 2 3
☐ Other intervention (specify): _____ 1 2 3
Comments: _____

MHS Signature/Date: _____

FRIDAY		Total RPS Units for the Day: _____	Total BMOD Units for the Day: _____
		Setting: _____	Setting: _____
What did you do with the child?	Goal #:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Behaviors Noted <input type="checkbox"/> tearful <input type="checkbox"/> lying <input type="checkbox"/> physically aggressive <input type="checkbox"/> anxious <input type="checkbox"/> stealing <input type="checkbox"/> suicidal <input type="checkbox"/> disrespectful <input type="checkbox"/> verbally aggressive <input type="checkbox"/> sexually acting out <input type="checkbox"/> bedwetting <input type="checkbox"/> truancy <input type="checkbox"/> impulsive <input type="checkbox"/> poor personal hygiene <input type="checkbox"/> problems at school <input type="checkbox"/> difficulty with authority <input type="checkbox"/> poor coping skills <input type="checkbox"/> oppositional <input type="checkbox"/> destroys property <input type="checkbox"/> other _____			
How did you work on the skill with the child: <input type="checkbox"/> modeled <input type="checkbox"/> guided <input type="checkbox"/> taught <input type="checkbox"/> other _____			
Rehabilitative Psychosocial Services		BMOD	
Check the interventions utilized, evaluate the child's response to the intervention by circling one of the following:			
1. Negative response 2. Limited response 3. Positive response			
<input type="checkbox"/> I instructed the child in maintaining their living environment (laundry, housekeeping, etc.) 1 2 3 <input type="checkbox"/> I instructed the child in meal planning and preparation 1 2 3 <input type="checkbox"/> I assisted the child in accessing community resources 1 2 3 <input type="checkbox"/> I discussed with the child the consequences of their actions 1 2 3 <input type="checkbox"/> I discussed alternative behaviors 1 2 3 <input type="checkbox"/> I instructed the child in money management 1 2 3 <input type="checkbox"/> I discussed with the child their appearance and hygiene 1 2 3 <input type="checkbox"/> Other intervention (specify): _____ 1 2 3 Comments: _____		<input type="checkbox"/> I redirected the child's behavior by: _____ 1 2 3 <input type="checkbox"/> I redirected the child's attention to complete task(s) by: _____ 1 2 3 <input type="checkbox"/> I discussed the consequences of behaviors with the child 1 2 3 <input type="checkbox"/> I rewarded/praised the child's behaviors 1 2 3 <input type="checkbox"/> I discussed alternative behaviors with the child 1 2 3 <input type="checkbox"/> I modeled appropriate behavior by: _____ 1 2 3 <input type="checkbox"/> I de-escalated acting out behavior by: _____ 1 2 3 <input type="checkbox"/> Other intervention (specify): _____ 1 2 3 Comments: _____	
MHS Signature/Date: _____			

FUTURE PLANS:	
Rehabilitative Psychosocial Services <input type="checkbox"/> I instruct the child how to maintain their living environment <input type="checkbox"/> I instruct the child in meal planning and preparation <input type="checkbox"/> Assist the child in accessing community resources <input type="checkbox"/> Discuss the consequences of the child's actions <input type="checkbox"/> Discuss alternative behaviors with the child <input type="checkbox"/> Explore the child's feeling about living independently <input type="checkbox"/> I instruct the child in money management issues <input type="checkbox"/> Discuss with the child their appearance and hygiene <input type="checkbox"/> I instruct the child in job seeking and job maintenance skills <input type="checkbox"/> Other (specify): _____ Comments: _____	BMOD Check the intervention(s) to be used in the future <input type="checkbox"/> Redirect child's behavior <input type="checkbox"/> Redirect child's attention to complete task(s) <input type="checkbox"/> Discuss the consequences of child's behavior <input type="checkbox"/> Reward and/or praise child's behavior <input type="checkbox"/> Discuss with child alternative behaviors <input type="checkbox"/> De-escalate acting-out behavior <input type="checkbox"/> Other (specify): _____ Comments: _____

September 24, 2010

Paula M. Fendley, M.Ed., LMSW
Chief Executive Officer
South Carolina Association of Children's Homes and Family Services
133 Powell Drive
Lexington, South Carolina 29072

Dear Ms. Fendley: *Pend*

This is in response to your correspondence dated September 20, 2010, regarding several issues impacting the providers of Therapeutic Foster Care (TFC) services as a result of the implementation of the State Plan Amendment (SPA) for Rehabilitative Behavioral Health Services (RBHS). We understand that unbundling these services has presented a huge challenge for these providers, and we are committed to working collaboratively with both the providers and state agencies towards full compliance of the requirements. We are encouraged by the progress that has been made with this significant challenge in less than three months.

In consideration of the concerns you presented in your letter, please allow me to respond to each separately below:

We recognize the providers are anxious to begin work immediately on a SPA to re-bundle TFC. However, since we are only less than three months out from the implementation date, providers have just started to bill these services. In order for the Department of Health and Human Services (DHHS) to submit the SPA as a bundled service, we will need a minimum of six months of cost data experience to develop a substantiated rate under the provider contracting option. Additionally, this initiative will require assistance and coordination with other areas within DHHS, especially our Reimbursement and Rate Setting area. Currently, that area has several critical projects that require the attention of their limited resources including other SPAs that need to be submitted to the Center for Medicare and Medicaid Services.

As with the implementation of any new program, an increase in administrative start up is expected. This issue was considered in development of the RBHS rates; however, we are open to discussion regarding this concern. As before mentioned we are only months away from the initial implementation date and would expect administrative costs to level off at some point in the near future.

Ms. Paula Fendley, Chief Executive Officer
September 24, 2010
Page 2

DHHS remains open to the option of allowing providers to utilize documentation similar to the daily note utilized by the Chance Waiver, or some acceptable version of a note based upon provider preference, as long as the documentation is in compliance with the service standard and supports the units of service billed to Medicaid. As you may know, there is no required format for the daily notes. This allows service providers the freedom to develop their own formats as long as the note content meets the required Medicaid policy.

If you have any questions, please contact Ms. Jeanne Carlton, Division Director, at 803-898-2565, or Mr. Sam Waldrep, Bureau Chief, at 803-898-2693. Thank you for your continued support of the Medicaid program and working with us through these challenging issues.

Sincerely,

A handwritten signature in black ink, appearing to read 'Felicity Myers', written in a cursive style.

Felicity Myers, Ph.D.
Deputy Director

FCM/wcj

