

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

ACTION REFERRAL

TO <i>Walshdrop</i>	DATE <i>5-15-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101436</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Carlton, Hylerman Cleveland 5/12, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-24-12</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.			



Justice Works Behavioral Care
Building Better Futures for Youth and Community

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200 Elm Street
Conway, SC 29526

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www.justiceworksbcc.org

RECEIVED

MAY 15 2012

April 30, 2012

Sam Waldrep
Deputy Director

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Long Term Care & Behavioral Health Service
Department of Health and Human Services
P.O. Box 8206 Columbia, South Carolina 29202-8206

Dear Mr. Waldrep:

We are very appreciative of the time and consideration shown us by you and your colleagues, Jeanne Carlton and Brenda Hyleman in our conference call on Monday, April 30, 2012. You'll recall that Dan Heit, JusticeWorks' President, Ben Homeyer and Jenny Lynch, Consultants, were also on the call.

We had a primary question which was: would it be appropriate for us to have an on-site office at the Croswell Children's Home (or similar non-mental health child care group residences), taking into consideration whether or not they, themselves, would fall under the category of Institution for Mental Disease (IMD).

We acknowledged that we currently provide a variety of Rehabilitative Behavioral Health services at Croswell, Waccamaw Youth Center, and other comparable care settings. We reviewed that these group residences do have more than 16 beds but otherwise do not meet any of the other criteria to be considered IMD's. These are not mental health facilities, and children are not placed in them for mental health diagnoses. These facilities are established to meet the needs of children that result from abuse, neglect, abandonment and traumatic life experiences, for whom residential group care is determined to be the safest and most appropriate service intervention.

Moreover, these facilities do not participate in Medicaid billing and thus there can be no question of 'double-dipping'. It is significant to note that JusticeWorks is a completely independent entity from Croswell (or other similar facilities), and is not under their control or direction. We are not unlike a doctor or dentist providing Medicaid, or other services, on-site.

Nonetheless, some of the children in these homes do have a variety of mental health needs and can benefit from the provision of RBHS services. Our question arose from the kind offer of Croswell Home for us to use an office on their site to facilitate our providing services. We believe other group homes may also want the benefits of our being on-site; namely: easy access to children, the ability to be responsive to emerging concerns and preventing crises, and the provision of services at odd hours or



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days. It is understood that providing RBHS services can enhance the benefits children receive at group care facilities and support their returning to their parents and community in a shorter time frame.

After a thorough discussion, we understand the consensus view of DHHS to be that it is perfectly appropriate for us to be providing on-site RBHS services to children in residence at Crosswell, or similar facilities, and our having an on-site office is acceptable so long as we serve fewer than 50% of the residents. It was noted that should we serve more than 50% of the children in residence, it might provoke a different assessment. Therefore, it would be prudent to use an outside office should we end up serving more than 50% of the children in residence. Notwithstanding having an outside office, some services, notably behavioral modification could still be provided where the children live as that would be most efficacious and make it easier to resolve crises which could end up compromising the child's ability to benefit from their stay. This supports keeping children in the least restrictive setting and for the shortest time feasible.

We do appreciate your responsiveness to our request for this discussion to bring clarity to a working protocol within CMS regulations, which enhances the quality and efficiency of the services provided to Medicaid beneficiaries.

Please let us know if our understanding differs from the Department's in any way.

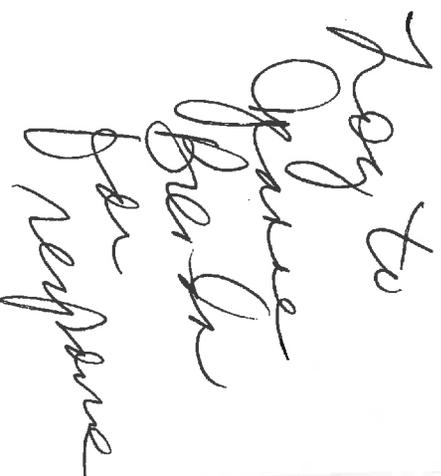
Thank you for your consideration and assistance.

Sincerely,


Richard Christian

Executive Director

JusticeWorks BehavioralCare


Tracy to
Grace
Barber

Log # 434


South Carolina Department of
Health & Human Services

Anthony E. Keck, Director
Nikki R. Haley, Governor

June 5, 2012

Mr. Richard Christian
Executive Director
JusticeWorks Behavioral Care
200 Elm Street
Conway, South Carolina 29526

Dear Mr. Christian:

Thank you for your letter as follow-up to the conference call held on April 30, 2012 between JusticeWorks and the South Carolina Department of Health and Human Services (SCDHHS). Your inquiry about whether or not it is appropriate for JusticeWorks to have an on-site office at Crowell Children's Home (or similar non-mental health child care group residence) is a complex question particularly as we consider whether or not Crowell Children's Home would fall under the category of an Institution for Mental Disease (IMD).

Based on the discussion, we understand that Crowell Children's Home is licensed as a residential child caring facility with over 16 beds. You also mentioned Waccamaw Youth Center and similar facilities that are established to meet the needs of children who suffer from abuse, neglect, abandonment and traumatic life experiences. We agree that the mission of these types of facilities is different and distinct from an IMD; however, we have no definitive formula or definition that guarantees these facilities cannot be determined to be an IMD by the Centers for Medicare and Medicaid Services (CMS).

Medicaid eliminated funding for group homes, including child caring institutions, several years ago. This initiative was part of a three year transition plan developed and implemented in collaboration with the referring state agencies. The plan included an allocation of dollars from the General Assembly to the state agencies to offset the anticipated loss of federal funds and help preserve funding levels for the impacted providers.

With the implementation of the Rehabilitative Behavioral Health Services (RBHS) State Plan Amendment (SPA), effective July 1, 2012, discrete SPA services are intended to be rendered to eligible children in the least restrictive setting --- their home and community. As you are aware, under the RBHS SPA, Medicaid will no longer enroll facilities. After careful review and many discussions with CMS regarding the submission of the SPA, we determined that children living/residing in 16+ bed facility are best served off-site. Therefore, we cannot agree with your consensus that it is appropriate for JusticeWorks to provide on-site services to children in residence at Crowell Children's Home or similar facilities.

I hope this provides clarification on the position of SCDHHS. Should you have any questions, please contact Ms. Jeanne Carlton, Division of Family Services at 803-898-2565.

Sincerely,



Sam Waldrep
Deputy Director

Brenda James



From: Teeshla Curtis
Sent: Thursday, June 07, 2012 4:41 PM
To: Brenda James
Cc: Brenda Hyleman; Jeanne Carlton; Gabriele Jefferson
Subject: Log 436
Attachments: Ref Log 000436 Response.pdf

Attached is the response for Log 436.

Teeshla Curtis

Administrative Coordinator
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