


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Mells</i>	DATE <i>6-3-10</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000470</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cc. Ms. Fortner, Depa cns file</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" 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.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

May 28, 2010

RECEIVED

JUN 03 2010

Ms. Emma Forkner, Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

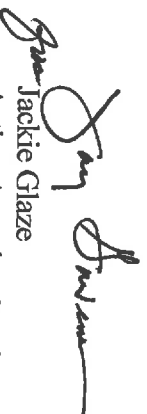
Re: South Carolina Title XIX State Plan Amendment, Transmittal #09-011

Dear Ms. Forkner:

We have reviewed South Carolina's State Plan Amendment (SPA) 09-011, which was submitted to the Atlanta Regional Office on November 30, 2009. This amendment updates the children's services as it relates behavioral health rehabilitative services. In 2004 CMS requested that the State re-work its State Plan related to children's services to include all children's services under the EPSDT section. In a letter dated June 29, 2005 CMS strongly recommended that this effort be divided into manageable sections. The State agreed with this approach and began to work on the SPAs as suggested.

Based on the information provided, we are pleased to inform you that South Carolina SPA 09-011 was approved on May 27, 2010. The effective date is July 1, 2010. The signed CMS-179 and the approved plan pages are enclosed. If you have any questions regarding this amendment, please contact Tandra Hodges at (404) 562-7409 or Michelle White at (404) 562-7328.

Sincerely,


Jackie Glaze

Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

**a TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
SC 09-011

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

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:

In accordance with federal regulations (42 CFR 440.130)

7. FEDERAL BUDGET IMPACT:

a. FFY 2010 \$750,000

b. FFY 2011 \$3,000,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Limitation Supplement Pages 6b, 6c thru 6c.13
Attachment 4.19-B, Pages 6.1 thru 6.1d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A, Limitation Supplement Page 6b & 6c
Attachment 4.19-B, Page 6.1

10. SUBJECT OF AMENDMENT:

This SPA relates to rehabilitation services related to behavioral health. The rehabilitation option (42 CFR 440.130) appears to be the appropriate coverage section for the services being described in this SPA.

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:

Emma Forkner

16. RETURN TO:

SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

13. TYPED NAME:

Emma Forkner

14. TITLE:

Director

15. DATE SUBMITTED:

November 30, 2009

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

11/30/09

18. DATE APPROVED:

05/27/10

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

07/01/10

20. SIGNATURE OF REGIONAL OFFICIAL:

Jackie Glaze

22. TITLE:

Acting Associate Regional Administrator
Division of Medicaid & Children's Health Ops

23. REMARKS:

Jackie Glaze

Following changes:

Block #8 Attachment 3.1-A, Limitation Supplement Pages 6b, 6c thru 6c.13 and Attachment 4.19-B, pages 6.1 thru 6.1d
changed to read: Attachment 3.1-A, Limitation Supplement Pages 6b, 6c thru 6c.16 and 4.19-B pages 6.1 thru 6.1f.

13d. REHABILITATIVE SERVICES.

Behavioral health services are available to all Medicaid beneficiaries who meet the medical necessity criteria for these services. Except where indicated, all services apply to both children and adults. Rehabilitative behavioral health services are provided to, or directed exclusively toward, the treatment of the Medicaid eligible beneficiary. Services are provided by qualified service providers for the purpose of ameliorating disabilities, improving the beneficiary's ability to function independently, and restoring maximum functioning through the use of diagnostic and restorative services.

Rehabilitative behavioral health services are medical or remedial services that have been recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice, under South Carolina State Law and as may be further determined by the South Carolina Department of Health and Human Services (SCDHHS) for maximum reduction of physical or mental disability and restoration of a beneficiary to their best possible functional level. The following services, as defined by SCDHHS, are considered Medicaid Rehabilitative behavioral health services:

Behavioral Health Screening: The purpose of this brief screening is to provide early identification of behavioral health issues and to facilitate appropriate referral for assessment and/or treatment services.

This service is provided by qualified clinical professionals as listed in the Staff Qualifications section. This service may be offered in all settings in the community. The unit of measure for this service is fifteen (15) minutes.

Diagnostic Assessment: The purpose of this face-to-face assessment is to determine the need for rehabilitative behavioral health services, to establish or confirm a diagnosis (diagnoses), to assist in the development of an individualized plan of care based upon the beneficiary's strengths and deficits, or to assess progress in and need for continued treatment. This assessment includes a comprehensive biopsychosocial interview and review of relevant psychological, medical, and education records.

- When a determination of the appropriateness of initiating or continuing the use of psychotropic medication is required, the diagnostic assessment must be carried out by a physician/psychiatrist or advanced practice registered nurse with prescriptive authority. The unit of measure for this service is an encounter that equates to a ninety (90) minute session.
- When the administration and interpretation of psychological tests is required to aid in the determination of diagnoses and level of impairment, a psychologist must carry out the diagnostic assessment. The unit of measure for this service is an hour (60 minutes).

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This service is provided by qualified clinical professionals as listed in the Staff Qualifications section. This service may be offered in all settings in the community. The unit of measure for this service is an encounter that equates to a forty-five (45) minute session.

Substance Abuse Examination: The purpose of this examination is to assess the extent of withdrawal symptoms and medical problems to determine the method for substance abuse treatment. This service is provided to beneficiaries who have received a Diagnostic Assessment, have been determined to have a behavioral health disorder, and are in need of substance abuse treatment. Delivery of this service involves a face-to-face interaction between a substance abuse professional and the beneficiary to assess the beneficiary's status and provide diagnostic evaluation and screening as a mechanism to provide referral for substance abuse treatment services. This service includes a physical assessment of the identified beneficiary to determine the level of dependency and/or the readiness for treatment. This examination may be a component of the process to establish medical necessity for the provision of substance abuse treatment services.

This service is provided by qualified clinical professionals as listed in the Staff Qualifications section. This service may be offered in all settings in the community. The unit of measure for this service is fifteen (15) minutes.

Service Plan Development: The purpose of this service is the development of a plan of care (POC) for the beneficiary. The POC, which may be developed by an interdisciplinary team, establishes the beneficiary's needs, goals, and objectives and identifies appropriate treatment/services needed by the beneficiary to meet those goals. An interdisciplinary team is typically composed of the beneficiary, his/her family and/or other individuals significant to the beneficiary, treatment providers, and care coordinators. The POC will incorporate information gathered during screening and assessment. The POC will be person/family centered; beneficiaries must be given the opportunity to determine the direction of his/her POC. An interdisciplinary team may be responsible for periodically reviewing progress made toward goals and modifying the POC as needed.

This service is provided by qualified clinical professionals as listed in the Staff Qualifications section. This service may be offered in all settings in the community. The unit of measure for this service is fifteen (15) minutes.

Individual Therapy: The purpose of this face-to-face intervention is to assist the beneficiary in improving his/her emotional and behavioral functioning. The therapist assists the individual in identifying maladaptive behaviors and cognitions, identifying more adaptive alternatives, and learning to utilize those more adaptive behaviors and cognitions.

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Group Therapy: The purpose of this face-to-face intervention is to assist several beneficiaries, who are addressing similar issues, in improving their functioning. The group process allows members to offer each other support, share common experiences, identify strategies that have been successful for them, and to challenge each other's behaviors and cognitions. The therapist guides the group to ensure that the process is productive for all members and focuses on identified issues.

Family Therapy: The purpose of this face-to-face intervention is to address the interrelation of the beneficiary's functioning with the functioning of his/her family unit. The therapist assists the family members in developing a greater understanding of the beneficiary's psychiatric/behavioral disorder and appropriate treatment for this disorder, identifying maladaptive interaction patterns between family members and how they contribute to the beneficiary's impaired functioning, and identifying and developing competence in utilizing more adaptive patterns of interaction.

Family Therapy addresses goals established in the plan of care to help families or individuals within a family understand and improve the way family members interact and communicate with each other and promote and encourage the family's support to facilitate a beneficiary's improvement. Treatment is focused on changing the family dynamics and attempting to reduce and manage conflict. The goal of family therapy is to get family members to recognize and address the problem by establishing roles that promote individuality and autonomy, while maintaining a sense of family cohesion.

Individual, Group and Family Therapy services are provided by qualified professionals as listed in the Staff Qualifications section. These services may be offered in all settings in the community. The unit of measure for these services is thirty (30) minutes.

Substance Abuse Counseling: The purpose of this face-to-face intervention is to assist beneficiaries in their recovery process. The counseling is focused on acknowledging the consequences of continued substance abuse, identifying triggers for substance use, and developing alternative coping strategies. This service provides reinforcement of the beneficiary's ability to function within the confines of society without having to rely on addictive substances. This service address goals identified in the plan of care that involves the beneficiary relearning basic coping mechanisms, understanding related psychological problems that trigger addictive behavior, and encouraging the beneficiary to recognize opportunities and how to achieve them.

This service is provided by qualified professionals as listed in the Staff Qualifications section. This service may be offered in all settings in the community. The unit of measure for this service is thirty (30) minutes.

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Crisis Management: The purpose of this face-to-face or telephonic, short-term service is to assist a beneficiary, who is experiencing a marked deterioration of functioning related to a specific precipitant, in restoring his/her level of functioning. The goal of this service is to maintain the beneficiary in the least restrictive, clinically appropriate level of care. The clinician must assist the beneficiary in identifying the precipitating event, in identifying personal and/or community resources that he/she can rely on to cope with this crisis, and in developing specific strategies to be used to mitigate this crisis and prevent similar incidents.

This service is provided by qualified clinical professionals as listed in the Staff Qualifications section. This service may be offered in all settings in the community. The unit of measure for this service is fifteen (15) minutes.

Medication Management: The purpose of this face-to-face service is to educate the beneficiary about his/her medication, to determine any physiological and/or psychological effects of medication(s) on the beneficiary and to monitor the beneficiary's compliance with his/her medication regime. Education is focused on topics such as possible side effects of medications, possible drug interactions, and the importance of compliance with medication.

This service is provided by qualified clinical professionals as listed in the Staff Qualifications section. This service may be offered in all settings in the community. The unit of measure for this service is fifteen (15) minutes.

Rehabilitative Psychosocial Services: The purpose of this face-to-face service is to assist beneficiaries in the restoration or strengthening of skills needed to promote and sustain independence and stability in their living, learning, social and working environments. RPS is a form of skill building support, not a form of therapy or counseling. This service includes activities that are necessary to achieve goals in the plan of care in the areas of 1) skills development related to life in the community and to increasing the beneficiary's ability to manage their illness, to improve their quality of life and to live as actively and independently in the community as possible 2) basic living skills development in understanding and practice of daily and healthy living habits and self-care skills, 3) interpersonal skills training that enhance the beneficiary's self-management and communication skills, cognitive functioning and ability to develop and maintain environmental supports; and 4) consumer empowerment that improves the beneficiary's basic decision making and problem solving skills.

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This service is provided by qualified clinical professionals as listed in the Staff Qualifications section. This service is offered in all settings in the community. The unit of measure for this service is fifteen (15) minutes.

Behavior Modification: This service is provided to children ages 0-21. The purpose of this face-to-face service is to provide the beneficiary with in vivo redirection and modeling of appropriate behaviors in order to enhance his/her functioning within his home or community. The individual's plan of care should determine the focus of this service.

This service is provided by qualified clinical professionals as listed in the Staff Qualifications section. This service may be offered in all settings in the community. The unit of measure for this service is fifteen (15) minutes.

Family Support: The purpose of this face-to-face or telephonic service is to enable the family/ caregiver (parent, guardian, custodian or persons serving in a caregiver role) to serve as a knowledgeable member of the beneficiary's treatment team and to develop and/or improve the ability of families/caregivers to appropriately care for the beneficiary.

Family Support (FS) is a medical supportive service with the primary purpose of treatment of the beneficiary's condition. FS is the process of family participation with the services provider in the treatment process of the Medicaid beneficiary. FS should result in an intervention that changes or modifies the structure, dynamics and interactions that act on the beneficiary's emotions and behavior.

FS does not treat the family or family members other than the identified beneficiary. FS is not for the purpose of history taking or coordination of care. This service includes the following discrete services when they are relevant to the goal in the individualized plan of care: providing guidance to the family/caregiver on navigating systems that support individuals with behavioral health needs, such as behavioral health advocacy groups and support networks; fostering empowerment of family/caregiver by offering supportive guidance for families with behavioral health needs and encouraging participation in peer/parent support and self-help groups; and modeling these skills for parent/guardian/caregivers. The Family Support service does not include respite care or child care services.

This service is provided by qualified clinical professionals as listed in the Staff Qualifications section. This service may be offered in all settings in the community. The unit of measure for this service is fifteen (15) minutes.

Peer Support Service: The purpose of this service is to allow people with similar life experiences to share their understanding to assist beneficiaries in their recovery from mental illness and/or substance abuse disorders. The Peer Support Specialist gives advice and guidance, provides insight, shares information on services and empowers the

beneficiary to make healthy decisions. The unique relationship between the Peer Support Specialist and the beneficiary fosters understanding and trust in beneficiaries who otherwise would be alienated from treatment. The beneficiary's plan of care determines the focus of this service.

This service is person centered with a recovery focus and allows beneficiaries the opportunity to direct their own recovery and advocacy process. The service promotes skills for coping with and managing symptoms while utilizing natural resources and the preservation and enhancement of community living skills.

The Peer Support Specialist will utilize their own experience and training to assist the beneficiary in understanding how to manage their illness in their daily lives by helping them to identify key resources, listening and encouraging beneficiaries to cope with barriers and work towards their goals. The Peer Support Specialist will also provide ongoing support to keep beneficiaries engaged in proactive and continual follow up treatment.

The Peer Support Specialist actively engages the beneficiary to lead and direct the design of the plan of care and empowers the beneficiary to achieve their specific individualized goals. Beneficiaries are empowered to make changes to enhance their lives and make decisions about the activities and services they receive. The Peer Support Specialist guides the beneficiary through self-help and self-improvement activities that cultivate the client's ability to make informed, independent choices and facilitates specific, realistic activities that lead to increased self-worth and improved self-concepts.

The Peer Support Specialists must successfully complete a pre-certification program that consists of forty (40) hours of training. The curriculum must include the following topics: recovery goal setting; wellness recovery plans, problem solving; person centered services; and advocacy. Additionally, Peer Support Specialists must complete a minimum of twenty (20) hours of continuing education training annually, of which at least twelve (12) hours must be face-to-face training. All trainings must be approved by DHHS or other authorized entity.

Peer Support Service is provided by a Peer Support Specialist under the supervision of a qualified clinical professional, as specified under the Staff Qualifications section. The degree of supervision will be contingent upon the qualifications, competencies and experience of the peer support provider. This service may be offered in all settings in the community. The unit of measure for this service is fifteen (15) minutes.

The Peer Support Specialist must possess, at a minimum, a high school diploma or GED, he/she must have successfully completed the pre-certification training program, and he/she must be a current or former consumer of behavioral health services. The criteria for meeting the consumer of services qualification are: 1) have had a diagnosis of mental illness or substance abuse disorder, as defined by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and received treatment for the disorder of 2) self-identify as having had a mental illness and/or substance abuse disorder; or 3) be in a dual recovery program.

Staff Qualifications

Providers of service must fulfill the requirements for South Carolina licensure/certification and appropriate standards of conduct by means of evaluation, education, examination, and disciplinary action regarding the laws and standards of their profession as promulgated by the South Carolina Code of Laws and established and enforced by the South Carolina Department of Labor Licensing and Regulation. Professionals, who have received appropriate education, experience and have passed prerequisite examinations as required by the applicable state laws and licensing/certification board and additional requirements as may be further established by DHHS, may qualify to provide Rehabilitative behavioral health services. The presence of licensure/certification means the established licensing board in accordance with SC Code of Laws has granted the authorization to practice in the state. Licensed professionals must maintain a current license and/or certification from the appropriate authority to practice in the State of South Carolina and must be operating within their scope of practice.

The following professionals possessing the required education and experience are considered clinical professionals/paraprofessionals and may provide Medicaid Rehabilitative behavioral health services in accordance with SC State Law:

Title of Professional	Level of Education/Degree /or Experience Required	License or Certification Required	Supervision	State or Licensure Law	Services Able to Provide
Psychiatrist	Doctor of medicine or osteopathy and has completed a residency in psychiatry.	Licensed by SC Board of Medical Examiners	None required.	40-47-5 et seq,	All Services, except PSS
Physician	Doctor of medicine or osteopathy.	Licensed by SC Board of Medical Examiners	None required.	40-47-5 et seq.	All Services, except PSS
Psychologist	Doctorate degree in psychology.	Licensed by SC Board of Psychology Examiners	None required.	40-55-20 et seq.	BHS, DA, SPD, IT, GT, FT, CM, RPS, BMod, FS
Physician Assistant	Completion of an educational program for physician assistants approved by the Commission on Accredited Allied Health Education Programs	Licensed by SC Board of Medical Examiners	Physician with permanent SC licenses, physically present at least seventy-five percent of the time the physician assistant is providing services.	40-47-905 et seq.	All Services, except PSS

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Limitation Supplement
Page 6c.6

Title of Professional	Level of Education/Degree /or Experience Required	License or Certification Required	Supervision	State License or Law	Services Able to Provide
Pharmacist	Doctor of Pharmacy degree from an accredited school, college, or department of pharmacy as determined by the Board, or has received the Foreign Pharmacy Graduate Equivalency Certification issued by the National Association of Boards of Pharmacy (NABP).	Licensed by SC Board of Pharmacy	None required.	40-43-10 et seq.	NM
Advanced Practice Registered Nurse (APRN)	Doctorate, post-nursing master's certificate, or a minimum of a master's degree that includes advanced education composed of didactic and supervised clinical practice in a specific area of advanced practice registered nursing.	Licensed by SC Board of Nursing; must achieve and maintain national certification, as recognized by the board, in an advanced practice registered nursing specialty.	A supervising physician who is readily available for consultation and shall operate within approved written protocols.	40-33-10 et seq.	All Services except PSS
Registered Nurse (RN)	At a minimum, an associate's degree in nursing from a Board approved nursing education program and one year of experience working with the population to be served.	Licensed by SC Board of Nursing.	Under the supervision of an APRN or licensed physician.	40-33-10 et seq.	BHS, DA, SAE, SPD, NM, CM, RPS, Bmod, FS

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Title of Professional	Level of Education/Degree /or Experience Required	License or Certification Required	Supervision	State or License Law	Services Able to Provide
Licensed Practical Nurse (LPN)	High school diploma or equivalent and completion of an accredited nursing program approved by the Board of Nursing and one year of experience working with the population to be served.	Licensed by SC Board of Nursing	Under the supervision of an APRN, RN, licensed physician, or other practitioner authorized by law to supervise LPN practice.	40-33-10 et seq.	RPS, SAE, BMod, MM, FS
Licensed Independent Social Worker - Clinical Practice (LISM-CP)	Master's or Doctorate degree from a Board-approved social work program and one year of experience working with the population to be served.	Licensed by SC Board of Social Work Examiners	None required.	40-63-5 et seq.	BHS, DA, SPD, IT, GT, FT, CM, RPS, BMod, FS
Licensed Independent Social Worker- Advanced Practice (LISW-AP)	Master's or Doctorate degree from a Board- approved social work program and one year experience with the population to be served.	Licensed by SC Board of Social Work Examiners	None required.	40-63-5 et seq.	BHS, DA, SPD, IT, GT, FT, CM, RPS, BMod, FS
Licensed Masters Social Worker (LMSW)	Masters or a Doctorate degree from a social work program, accredited by the Council on Social Work Education and one year of experience working with the population to be served.	Licensed by SC Board of Social Work Examiners	None required.	40-63-5 et seq.	BHS, DA, SPD, IT, GT, FT, CM, RPS, BMod, FS
Licensed Marriage and Family Therapist (LMFT)	A minimum 48 graduate semester hours or 72-quarter hours in marriage and family therapy along with an earned master's degree,	Licensed by SC Board of Examiners for licensure of Professional Counselors, Marriage and Family Therapists and	None required.	40-75-5 et seq.	BHS, DA, SPD, IT, GT, FT, CM, RPS, BMod, FS

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Title of Professional	Level of Education/Degree/or Experience Required	License or Certification Required	Supervision	State or Licensure Law	Services Able to Provide
	specialist's degree or doctoral degree. Each course must be a minimum of at least a 3-semester hour graduate level course with a minimum of 45 classroom hours or 4.5-quarter hours; one course cannot be used to satisfy two different categories.	Psycho-Educational Specialists			
Licensed Professional Counselor (LPC)	A minimum of forty-eight graduate semester hours during a master's degree or higher degree program and have been awarded a graduate degree as provided in regulation. All course work, including any additional core coursework, must be taken at a college or university accredited by the Commission on the Colleges of the Southern Association of Colleges and Schools, one of its regional associations, the Association of Theological Schools in the United States and Canada, or a post-degree program accredited by the Commission on Accreditation for Marriage and Family Therapy Education or a regionally accredited institution of higher learning subsequent to receiving the graduate degree.	Licensed by SC Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists and Psycho-Educational Specialists	None required.	40-75-5 et seq.	BHS, DA, SPD, IT, GT, FT, CM, RPS, Bmod, FS

Title of Professional	Level of Education/Degree/ or Experience Required	License or Certification Required	Supervision	State or Licensur e Law	Services Able to Provide
Certified substance Abuse Professional	Master's degree in counseling, social work, family therapy, nursing psychology, or other human services field, plus 250 hours of approved training related to the core functions and certifications as an addictions specialist.	SC Association of Alcoholism and Drug Abuse Counselors Certification Commission and/or NAADAC Association for Addiction Professionals	None required.	Allowed by 40-75-300 and 40-63-290 for example	BHS, DA, SPD, IT, GT, FT, SAC, CM, RPS, BMod, FS
Licensed Bachelor of Social Work (IBSW)	Bachelor's degree in Social Work. (The practice of Baccalaureate Social Work is a basic generalist practice that includes assessment, planning, intervention, evaluation, mediation, case management, information and referral, counseling, advocacy, supervision of employees, consultation, client education, research, community organization, and the development, implementation, and administration of policies, programs, and activities. Baccalaureate Social Workers are not qualified to diagnose and treat mental illness nor provide psychotherapy	Licensed by SC Board of Social Work Examiners	Limited practice scope. Under the supervision of a master's level clinical professional or licensed practitioner of the healing arts (LPHA) as follows: Physician, Psychiatrist, Psychologist, Physician's Assistant, Registered Nurse with a Master's degree in Psychiatric Nursing, Advanced Practice Registered Nurse, Independent Social Worker - Clinical Practice, Marriage and Family Therapist, Master Social Worker or Professional Counselor.	40-63-5 et seq.	BHS, SPD, CM, RPS, BMod, FS

Title of Professional	Level of Education/Degree /or Experience Required	License or Certification Required	Supervision	State or Licensure Law	Services Able to Provide
	Baccalaureate Social Work is practiced only in organized settings such as social, medical, or governmental agencies and may not be practiced independently or privately.)				
Clinical Chaplain	Master of Divinity from an accredited theological seminary and have two years of pastoral experience as a priest, minister, or rabbi and one year of Clinical pastoral education that includes a provision for supervised clinical services and one year of experience working with the population to be served.	Documentation of training and experience.	None required.	40-75-290 40-63-290, as examples	BHS, DA, SPD, IT, GT, FT, CM, RPS, BMod, FS
Mental Health Professional (MHP)	Master's or doctoral degree from a program that is primarily psychological in nature (e.g. counseling, guidance, or social science equivalent) from an accredited university or college and one year of experience working with the population to be served.	DHHS approved credentialing program.	Under the supervision of a master's level clinical professional or licensed practitioner of the healing arts (LPHA) as follows: Physician, Psychiatrist, Psychologist, Physician's Assistant, Registered Nurse with a Master's degree in Psychiatric Nursing,	Such as 40-75-290 & 40-63-290.	BHS, DA, SPD, IT, GT, FT, CM, RPS, BMod, FS

Title of Professional	Level of Education/Degree /or Experience Required	License or Certification Required	Supervision	State or Licensure Law	Services Able to Provide
			Advanced Practice Registered Nurse, Independent Social Worker - Clinical Practice, Marriage and Family Therapist, Master Social Worker or Professional Counselor.		
Certified Substance Abuse Professional (CSAP)	Bachelor's degree in a health or human services related field and certification as a certified addiction counselor or in the process of becoming SCAADAC credentialed or by certified by SCAADAC.	SC Association of Alcoholism and Drug Abuse Counselors Certification Commission	Under the supervision of a master's level clinical professional or licensed practitioner of the healing arts (LPHA) as follows: Physician, Psychiatrist, Psychologist, Physician's Assistant, Registered Nurse with a Master's degree in Psychiatric Nursing, Advanced Practice Registered Nurse, Independent Social Worker - Clinical Practice, Marriage and Family Therapist, Master Social Worker or Professional Counselor.	Allowed by 40-75-300 and 40-63-290	BHS, DA, SAC, SPD, IT, GT, FT, CM, RPS, BMod, FS

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Title of Professional	Level of Education/Degree /or Experience Required	License or Certification Required	Supervision	State or Licensur e Law	Services Able to Provide
Behavior Analyst (Master's Level)	Must possess at least a Masters Degree, have 225 classroom hours of specific Graduate-level coursework, meet experience requirements, and pass the Behavior Analysis Certification Examination.	Behavior Analyst Certification Board	None required.	63-290 for example	RPS, Bmod, FS BHS, DA, SPD
Behavior Analyst (Bachelor's Level)	A Board Certified Associate Behavior Analyst must have at least a Bachelors Degree, have 135 classroom hours of specific coursework, meet experience requirements and pass the Associate Behavior Analyst Certification Examination.	Behavior Analyst Certification Board	Under the supervision of a master's level clinical professional or licensed practitioner of the healing arts (LPHA) as follows: Physician, Psychiatrist, Psychologist, Physician's Assistant, Registered Nurse with a Master's degree in Psychiatric Nursing, Advanced Practice Registered Nurse, Independent Social Worker - Clinical Practice, Marriage and Family Therapist, Master Social Worker or Licensed Professional Counselor.	63-290 for example	RPS, Bmod, FS

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Title of Professional	Level of Education/Degree /or Experience Required	License or Certification Required	Supervision	State or Licensure Law	Services Able to Provide
Child Service Professional	Bachelor's degree from an accredited university or college in psychology, social work, early childhood education, child development or a related field or a bachelors degree in another field and has a minimum of 45 documented training hours related to child development and children's mental health issues and treatment. of the Healing arts with one year documented experience working with infants and toddlers, early childhood development or childhood disabilities.	None required. Training as specified by the agency and as approved by DHHS.	Under the supervision of a master's level clinical professional or licensed practitioner of the healing arts (LPHA) as follows: Physician, Psychiatrist, Psychologist, Physician's Assistant, Registered Nurse with a Master's degree in Psychiatric Nursing, Advanced Practice Registered Nurse, Independent Social Worker - Clinical Practice, Marriage and Family Therapist, Master Social Worker or Professional Counselor.	N/A	RPS, BHS BMod, FS
Mental Health Specialist	At a minimum, a high school diploma or GED equivalent and have three years of documented direct care experience working with the identified target population or completion of an	DHHS approved training program consisting of the topics to include but not limited to the following: Children with serious emotional disturbance: Childhood and adolescent development,	Under the supervision of a master's level clinical professional or licensed practitioner of the healing arts (LPHA) as follows:	N/A	RPS, BMOD, FS

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Title of Professional	Level of Education/Degree /or Experience Required	License or Certification Required	Supervision	State or Licensure Law	Services Able to Provide
	approved 30 hour, training and certification program.	Emotional disorders/mental illnesses of childhood and adolescence, Family dynamics, Parenting skills/strategies , Human service system for children (courts, schools, special education, child welfare, etc and Special education/school system, Adults with serious and persistent mental illness: Signs and symptoms of major mental illness, Acute symptoms of mental illness, Medications used to treat symptoms of mental illness, and their common side effects, Community supports/resource s for persons with serious persistent mental illness and their families, recovery models.	Physician, Psychiatrist, Psychologist, Physician's Assistant, Registered Nurse with a Master's degree in Psychiatric Nursing, Advanced Practice Registered Nurse, Independent Social Worker - Clinical Practice, Marriage and Family Therapist, Master Social Worker or Professional Counselor.		
Substance Abuse Specialist	At a minimum, a high school diploma or GED equivalent and have three years of documented direct care experience working with the identified target population or completion of an approved training and certification program.	DHHS approved training program consisting of the topics to include but not limited to the following: Theories of addiction, signs and symptoms of substance abuse, Signs and symptoms of major mental illness, Issues unique to co-occurring mental illness and substance abuse, Medications used to treat and	Under clinical supervision of a Certified Substance Abuse Professional (CSAP) or licensed practitioner of the healing arts (LPHA) as follows: Physician, Psychiatrist, Psychologist, Physician's Assistant, Registered Nurse with a	N/A	RPS, BMOD, FS

Title of Professional	Level of Education/Degree /or Experience Required	License or Certification Required	Supervision	State or License Law	Services Able to Provide
Peer Support Specialist (PSS)	High school diploma or GED equivalent Peer support specialists must successfully complete a pre-certification program that consists of forty (40) hours of training. The curriculum must include the following topics: recovery goal setting; wellness recovery plans, problem solving; person centered services; and advocacy. Additionally, peer support specialists must complete a minimum of twenty (20) hours of continuing education training annually, of which at least twelve (12) hours must be face-to-face training.	Community resources and supports available to persons with substance abuse and their families.	Master's degree in Psychiatric Nursing, Advanced Practice Registered Nurse, Independent Social Worker - Clinical Practice, Marriage and Family Therapist, Master Social Worker or Professional Counselor.	N/A	PSS
			Under the supervision of a master's level clinical professional or licensed practitioner of the healing arts (LPHA) as follows: Physician, Psychiatrist, Psychologist, Physician's Assistant, Registered Nurse with a Master's degree in Psychiatric Nursing, Advanced Practice Registered Nurse, Independent Social Worker - Clinical Practice, Marriage and Family Therapist, Master Social Worker or Professional Counselor.		

*All references are to Title-Chapter-Section of the South Carolina Code of Laws

Supervision Requirements

Rehabilitative behavioral health services provided by licensed/certified professionals must follow supervision requirements as required by SC State Law for each respective profession. Rehabilitative behavioral health services provided by any unlicensed/uncertified professional must be supervised by a master's level clinical professional or licensed practitioner of the healing arts (LPHA). Substance Abuse Professionals who are in the process of becoming credentialed must be supervised by a Certified Substance Abuse Professional or LPHA.

The following licensed professionals are considered a LPHA: psychiatrist, physician, psychologist, physician's assistant, advanced practice registered nurse, registered nurse with a master's degree in psychiatric nursing, licensed independent social worker - clinical practice, licensed master social worker, licensed marriage and family therapist and licensed professional counselor.

Service	Abbrev	Service	Abbrev
Behavior Modification	BMod	Individual Therapy	IT
Behavioral Health Screening	BHS	Medication Management	MM
Crisis Management	CM	Peer Support Service	PSS
Diagnostic Assessment	DA	Rehabilitative Psychosocial Services	RPS
Family Support	FS	Service Plan Development	SPD
Family Therapy	FT	Substance Abuse Counseling	SAC
Group Therapy	GT	Substance Abuse Examination	SAE

REHABILITATIVE SERVICE FOR PRIMARY CARE ENHANCEMENT

A. Definition of Service - Rehabilitative Services for Primary Care Enhancement by the State, within the scope of their practice under State law, w(RSPCE) are services recommended by a physician or other licensed practitioner of the healing arts which are furnished by (or under the supervision of) physicians or other practitioners of the healing arts licensed by the State, within the scope of their practice under State law, which are furnished in order to:

- reduce physical or mental disability, and
- restore an individual to their best possible functional level.

Covered RSPCE must either be: (1) required for the development and implementation of a comprehensive medical plan of care by a physician and other appropriate practitioners, or (2) medically necessary rehabilitative medical services identified in the comprehensive RSPCE medical plan which are not otherwise covered under the State Plan.

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In accordance with federal interpretation, the disease management contracts are risk contracts. The method of payment has been developed using actuarially sound methodology per 42 CFR438.6 (c).

The State will pay the DMOs a per member per month capitated fee based on the total eligible population, and the prevalence of each disease within the total population.

The State expects a minimum, annual net cost savings of five percent (5%) in the overall medical costs of those beneficiaries with asthma, diabetes or hypertension. The guaranteed, annual net savings is defined as total savings minus SCDHHS expenditures on disease management services under the contract.

If the amount of guaranteed minimum, annual net savings is not achieved, the DMOs will pay the difference between the guaranteed minimum, annual net savings and the actual net savings to the SCDHHS. The DMOs will also be required to forfeit their fees.

13.d Rehabilitative Services

Rehabilitative behavioral health services are medical or remedial services that have been recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice, under South Carolina State law and as may be further determined by the South Carolina Department of Health and Human Services (SCDHHS) for maximum reduction of physical or mental disability and restoration of a beneficiary to their best possible functional level. The following services are considered Medicaid Rehabilitative services:

Behavioral Health Screening, Behavior Modification, Crisis Management, Diagnostic Assessment, Family Therapy, Family Support, Group Therapy, Individual Therapy, Medication Management, Peer Support Services, Rehabilitative Psychosocial Services, Service Plan Development, Substance Abuse Counseling, and Substance Abuse Examination.

In order to develop Medicaid payment rates by provider type (i.e. practitioner) for each service listed above, the Medicaid Agency employed the following reimbursement methodology:

1. First, the agency developed annual compensation amounts for each provider type:

- Salary data was obtained from the South Carolina Office of Human Resources (SCOHR) Classifications Manual (midpoint per position salary data) as well as the May 2008 South Carolina Occupational Employment and Wage Estimates from the United States Department of Labor (mean salary data). For unclassified professional positions that are not identified within the SCOHR Classification Manual, provider compensation amounts were obtained from applicable providers.

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Provider information reflecting the professionals that would be providing the different rehab services were utilized to match the appropriate SCOHR position classifications. An average of the identified midpoint salary classification was utilized to reflect the public compensation when more than one classification applied to the service.

Mean salary data obtained from the Department of Labor Survey identified above was utilized to estimate the private compensation levels of each provider type based upon provider information reflecting the professionals that would be providing the different rehab services. An average of the identified mean salary classification was utilized to reflect the private compensation when more than one classification applied to the service.

To determine the overall average annual compensation amounts for each provider type, the Medicaid Agency simply averaged the annual compensation amounts determined under the public compensation method and the private compensation method.

After completing the individual average annual compensation level for each provider type, the following provider types were classified under one of the following educational levels to determine an overall average annual compensation amount for each educational level. The provider titles of Psychiatrist, Physician, Pharmacist, Psychologist, Nurse, Registered Nurse, Advanced Practical Registered Nurse, Licensed Practical Nurse are not classified according to educational level but rather establish their own provider specific average annual compensation level.

PROVIDER TYPE	EDUCATIONAL LEVEL
Licensed Independent Social Worker - Clinical Practice (LISW - CP)	Masters Level
Licensed Independent Social Worker - Advanced Practice (LISW - AP)	Masters Level
Licensed Masters Social Worker (LMSW)	Masters Level
Licensed Marriage and Family Therapist (LMFT)	Masters Level
Licensed Professional Counselor (LPC)	Masters Level
Certified Substance Abuse Professional	Masters Level

PROVIDER TYPE	EDUCATIONAL LEVEL
Clinical Chaplain	Masters Level
Mental Health Professional (MHP)	Masters Level
Behavior Analyst- Masters Level	Masters Level
Licensed Bachelor of Social Work (LBSW)	Bachelors Level
Substance Abuse Specialist	Bachelors Level
Behavior Analyst- Bachelors Level	Bachelors Level
Certified Substance Abuse Professional (SAP)	Bachelors Level
Child Service Professional	Bachelors Level
Mental Health Specialist	High School Level
Peer Support Specialist (PSS)	High School Level

2. Next, the Medicaid Agency determined the maximum number of billing hours that could be anticipated for each provider type for each billable service. Assuming a billing productivity factor of 50%, the maximum number of billing hours for each provider type was calculated to be 975 hours. The calculation is as follows - 37.5 hours per week x 52 weeks x 50% = 975 hours.
3. Next, the annual compensation amounts determined in (1) above are divided by the maximum number of billable hours as determined in (2) above to arrive at an hourly billing compensation rate for each provider type.
4. Next, the initial hourly billing compensation rate for each provider type as identified in (3) above is increased by 30% benefit allocation percentage is representative of state government fringe benefit allowances.
5. Next, once the initial hourly billing compensation rate is increased by the fringe benefit allowance of 30% as determined in (4) above, it is multiplied by an indirect cost rate of 10% to arrive at an adjusted hourly billing rate by provider type. An indirect rate is applied to compensate the provider for overhead costs.

6. Next, once the hourly billing rate has been adjusted for indirect cost as determined in (5) above, a supervision adjustment factor of 10% is then applied to the provider types which require supervision in accordance with the requirements of the Rehabilitative Service definitions as outlined under Attachment 3.1-A. The provider types affected include: Registered Nurses, Licensed Practical Nurses, and all Masters Level, Bachelors Level, and High School Level professionals.

7. Next, in order to account for level of effort of providing specific rehab services by provider type, a work adjustment factor will be applied to the hourly billing rate previously adjusted for provider supervision as determined in step (6). Level of effort is defined based on the work unit component of the 2009 Medicare RBRVS. Level of effort relativity factors were developed by mapping therapy services types based upon the definition of the target service type to the definition of the CPT procedure codes in the applicable procedure code list (as defined by the CPT 2009 Professional Edition, published by the American Medical Association and Stedman's CPT Dictionary, second edition, published by the American Medical Association). The level of effort adjustment was developed by dividing the work units for each of the procedure codes by the overall average work units for the universe of target procedure codes (90804 to 90862, 99367, 99368, and 99204). For several service categories, codes were combined and composite results were utilized. Procedures were grouped for family therapy, assessments, services with evaluation and management components, and services with evaluation and management components. In addition, clinical judgments were made with respect to:
- * For level of effort for service types between physicians and other professional providers relative to para-professionals.
 - * For differences between CPT code definitions and the services to be provided.
8. Finally, to determine the Medicaid rate of each provider type for each rehab service that the provider type is authorized to render, the hourly billing rate as determined in step (7) will be divided by each service's unit of measurement.

Psychological Training and Testing services provided by psychologists will be reimbursed at one hundred percent of the 2006 version of the South Carolina Medicare Physician Fee Schedule.

Medication administration services (i.e. injectibles and injectibles administration) rendered in conjunction with certain rehabilitative services identified above will be reimbursed in accordance with the South Carolina Physician Fee Schedule in effect at the time of service.

The Medicaid agency will reimburse private providers of rehabilitative services using Medicaid rates which are calculated in accordance with the rate setting methodology previously described. Also, interim Medicaid

Payments for state owned and non-state owned governmental providers of rehabilitative services will be based upon the Medicaid rates previously described by practitioner level. Except as otherwise noted in the plan, state-developed fee schedule rates and unit measures are the same for both governmental and private providers of Rehabilitative Behavioral Health Services. The agency's fee schedule was set as of July 1, 2010 and is effective for services provided on or after that date. All fee schedule rates and unit measures are published at <http://www.scdhhs.gov/whatsnew.asp>. State owned and non-state owned governmental providers will be reimbursed at one hundred percent of their allowable Medicaid costs based upon the review and reconciliation of annual cost reports.

Annual Cost Identification and Reconciliation Process for State Owned and Non-State Owned governmental providers:

Each State Owned and Non-State Owned governmental provider rendering rehabilitative behavioral health services will be required to submit a CMS approved annual cost report to establish the costs of their services. Allowable costs will be accumulated by practitioner and service definition. Costs by practitioner by service will be accumulated for the total population of users of the service (i.e. regardless of the source of payment). Allowable costs will be classified as follows:

Direct Costs:

- 1) Directly chargeable salary costs of the practitioner(s) providing the service and associated fringe benefits,
- 2) Materials, supplies excluding injectibles, and non-capital related equipment expenditures required by the practitioners for the provision of service,
- 3) Required training and any associated travel costs of the practitioners, and
- 4) Any costs not noted above but directly assignable excluding subcontract arrangements for direct service delivery and costs included in indirect cost determination.

Supervision:

Costs of supervisory staff will be added to the direct costs associated with practitioners of specific services. Allowability of supervisory costs is determined based on the practitioners requiring supervision in accordance with the Rehabilitative Service definitions as outlined under Attachment 3.1-A. The provider types affected include: Registered Nurses, Licensed Practical Nurses, and all Masters Level, Bachelors Level, and High School Level professionals. Time and effort reports completed in accordance with HIM-15, Chapter 2300, Section 2313.2 (E) will be used to determine supervision costs.

Indirect Costs:

Allowable indirect costs can be determined in one of two ways:

1. The application of the provider's federally approved indirect cost rate (or federally approved cost allocation plan) or

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2. An allocation of administrative/overhead costs as allowed in accordance with HIM-15, using either the step down cost allocation method (HIM-15, Chapter 2300) or the functional allocation method (HIM-15, Chapter 2100, Section 2150.3). This option will only be available for those state agencies that provide institutional and acute care services and file these costs via Medicare cost reports.

Total Allowable Costs by service by practitioner:

The allowable costs for a rehabilitative behavioral health service by practitioner will be the sum of allowable direct costs, supervisory costs as applicable, and the determination of indirect costs as determined above.

Service/Practitioner Statistics:

The State Owned and Non-State Owned governmental providers will be required to accumulate and report service utilization statistics (i.e. units of service) for the total universe of service recipients in keeping with the accumulation of costs by total population of users.

Reconciliation of Annual Cost Reports to Interim Payments:

Annual cost reports will be desk reviewed for accuracy and compliance with OMB- A87 cost definitions and principles. The result of total allowable costs (per service and practitioner) divided by total units of service (as defined above) result in the average allowable unit rate for reconciliation and cost settlement. The average allowable unit rate multiplied by Medicaid units of service (as determined by the SCDHHS MMS) becomes annual allowable Medicaid reimbursement for the governmental provider. This amount is compared to Medicaid interim payments (including TPL) and any prior adjustments and/or recoupments for these services. Should this comparison identify an overpayment to the provider, SCDHHS will send a letter to the provider requesting repayment within 30 days. Should the comparison identify an underpayment, an adjustment is processed through the MMS to pay the provider the difference.

Services such as medication administration and psychological training and testing reimbursed in accordance with the applicable South Carolina Medicare Physician Fee Schedule will not be subject to retrospective cost settlement.

Rehabilitative Services for Primary Care Enhancement as defined in 3.1-A, pages 6c and 6d, paragraphs 13d. A, B, C and D may be provided by a physician or other licensed practitioner of the healing arts, or under the direction of a physician or other licensed practitioner of the healing arts as permitted by 42 CFR 440.130(d). The following services will be reimbursed by Medicaid as a rehabilitative service for Primary Care Enhancement:

- (A) - Individual rehabilitative services for Primary Care Enhancement provided by a professional or a paraprofessional (unit of service - 15 minutes)
- (B) - Group rehabilitative services for Primary Care Enhancement provided by a professional or a paraprofessional (unit of service - 15 minutes)
- (C) - Assessment provided by a professional (unit of service - 15 minutes)

Medicaid reimbursement rates for rehabilitative services for Primary Care Enhancement will be established utilizing Medicare reasonable cost principles, as well as OMB Circular A-87 and other OMB circulars as may be appropriate. The rates will represent composite rates, in that professional and paraprofessional costs will be combined in order to establish one rate for each service. For each level of service that is paid for on a per unit basis, budgeted costs will be used in determining the initial rates for each. Budgeted costs may include personnel costs (including fringe benefits), operating costs (such as building and equipment maintenance, repairs, depreciation, amortization, and insurance expenses; employee travel and training expenses; utilities; plus material and supply expenses); as well as indirect costs and general and administrative overhead costs. The initial rates will be determined by dividing the budgeted costs by the projected units of service. However, the initial rate for each level of service can not exceed the maximum rate cap established for each level of service. A unit of service for rehabilitative services for Primary Care Enhancement is defined as fifteen (15) minutes of service delivery.

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** This supersede log #470, letter dated
May 28, 2010.*

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



June 9, 2010

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 #09-011

Dear Ms. Forkner:

This letter is submitted to supplement your May 28, 2010 approval letter for SPA 09-011. It does not affect the approval of the State plan amendment (SPA), but does correct information in the approval letter. Please file this letter with the approved SPA in your records.

We have reviewed South Carolina's State Plan Amendment (SPA) 09-011, which was submitted to the Atlanta Regional Office on November 30, 2009. This amendment adds several new rehabilitative services related to behavioral health. This SPA was responsive to the Financial Management Review (FMR) (04-FS-2008-SC-01-D) for the period of July 1, 2006 through June 30, 2007 which was submitted in final on February 24, 2010.

The FMR recommendation was for South Carolina to provide CMS with a corrective action plan which consisted of appropriate language for 3.1-A and 4.19-B pages for rehabilitative services to identify services with language that complies with Federal guidelines and requirements.

Based on the information provided, we are pleased to inform you that South Carolina SPA 09-011 was approved on May 27, 2010. If you have any questions regarding this amendment, please contact Tandra Hodges at (404) 562-7409 or Michelle White at (404) 562-7328.

Sincerely,

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Log # 470

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909



June 9, 2010

RECEIVED

JUN 25 2010

Ms. Emma Forkner, Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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