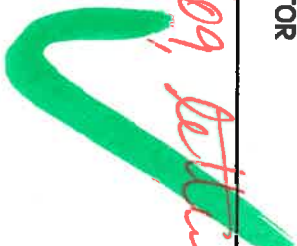


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>3-31-09</i>
---------------------------	-------------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100539</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 4/6/09, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-9-09</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
Department of
Mental Health

2414 Bull Street/P.O. Box 465
Columbia, S.C. 29202
Information: (803) 898-8581

John H. Magill
State Director of Mental Health

MISSION STATEMENT
To support the recovery of people with mental illnesses.

RECEIVED

MAR 30 2009

March 25, 2009

MEDICAL SERVICES
DHHS

Felicity C. Myers, Ph.D.

Deputy Director

Department of Health and Human Services

1801 Main Street

Columbia, SC 29202

RECEIVED

MAR 31 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Dr. Myers:

Recently, your staff advised us of a correction to your March 13, 2009 letter about revisions to the Medicaid Community Mental Health Services policy manual. We were informed that the Peer Support Service (PSS) rate of \$7.50 per unit remains in effect for SFY 2009 and has not been changed to \$7.35.

Your letter also notes the approval of the Behavioral Health Screening – Substance Abuse service. We request all additional Medicaid requirements that might be applicable to this service so that it can be distributed to Centers. Please send this information to the attention of Mr. Keith Randolph.

Thank you for this clarification and for Medicaid's continued support of the clients we serve.

Sincerely,

Brenda Hart, Deputy Director

login to me
+ Waldepp/Cooper

MENTAL HEALTH COMMISSION:

Allison Y. Evans, PsyD, Chair, Hartsville
Joan Moore, Vice Chair, Goose Creek

Jane B. Jones, Easley
Harold E. Cheatham, Ph.D., Clemson

J. Buxton Terry, Columbia
H. Lloyd Howard, Landrum



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Fortner
Director

April 6, 2009

Ms. Brenda Hart, Deputy Director
South Carolina Department of Mental Health
PO Box 485
Columbia, SC 29202

Dear Ms. Hart:

We are in receipt of your letter dated March 25, 2009, requesting clarification of the rate for Peer Support Service (PSS). As my staff confirmed via email to Mr. Keith Randolph on March 23, 2009, the rate for PSS remains as reflected in your contract #C90255M. In accordance with the contract, the rate for PSS is \$7.50 per unit, effective July 1, 2008 to June 30, 2009. All rates and any subsequent changes will continue to be reflected in your contract.

Also, per your request for all additional Medicaid requirements that might be applicable to the Behavioral Health Screening – Alcohol/Drug service, please refer staff to the updated Community Mental Health Manual that is available on our website at <http://www.scdhhs.gov/ResourceLibrary/manuals.asp>. This information was provided to DMH staff for review prior to being updated in the policy manual.

We appreciate your continued efforts to provide quality services to Medicaid beneficiaries. Should you have any questions or need additional assistance, please contact Ms. Pheobia Cooper at (803) 898-2565.

Sincerely,

Felicity Myers, PhD
Deputy Director

FM/wfj

cc: Mr. Keith Randolph

Log #539