

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>10-17-07</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000208</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Torkner</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-26-07</i> <i>Cleared on 11/20/07, letter attached.</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.			

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2.			
3.			
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South Carolina
Department of
Mental Health

Brenda

2414 Bull Street / P.O. Box 485

Columbia, SC 29202

Information: (803) 898-8590

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app. emr*

John H. Magill
State Director of Mental Health

Ligia Latiff-Bolet, Ph.D.

Director, Division of Quality Management

Division of Quality Management

MISSION STATEMENT

To ensure the quality of care of the SCDMH Community Mental Health Centers and Inpatient Facilities.

October 12, 2007

Ms. Felicity Myers, Deputy Director
Office of Medical Services
SC Department of Health and Human Services
1801 Main Street
Columbia, South Carolina 29201

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

**MEDICAL SERVICES
DHHS**

Dear Ms. Myers:

After reviewing the Medicaid Bulletin from July 31, 2007 - Policy Revisions to the Medicaid Manual for Community Mental Health Services (CMHS) and as previously discussed with your staff, we are requesting the following amendments be taken into consideration to better serve our clients:

1. Revision #11. To add MH Service Plan Development by Non-Physician to the menu of services included under the Medical Management Only protocol.

Also, an exception to this protocol is needed for situations of emergency to state:

2. "In case of emergency, Crisis Intervention can be delivered by an MHP other than a medical service professional."
3. Include LPNs in the list of medical staff, as these are allowed to deliver Injectable Medication Administration under Section 2.
4. Revision #16. Clarification is needed as the intention of the request was to allow all documentation generated by clinicians delivering services in the schools, not just one specific service, to be included in the chart within five working days from service rather than the 72 hours. The issue that prompted this request is that most of our School Based staff is housed at the schools and not in close proximity to the Centers; thus, making it difficult to comply with the 72 hours requirements to have the notes in the medical records. At the same time, because most of the clinicians in the School Based Program are MHPs, they deliver various services to include Individual and Group Therapy. Thus, the revision made to the Behavioral Health Prevention Education Services documentation standards will not help us maintain compliance with the CMHS manual for medical record documentation.

We appreciate your consultation and efforts in helping us with these revisions.

Sincerely,


Ligia Latiff-Bolet, Ph.D.

Director, Quality Management

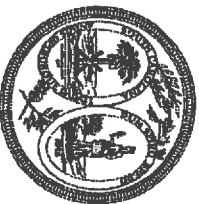
Cc: Brenda Ratliff, Medical Director
John H. Magill, State Director

MENTAL HEALTH COMMISSION:

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Joan Moore, Vice Chair, Goose Creek

Jane B. Jones, Easley
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State of South Carolina

Department of Health and Human Services

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Governor

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Director

November 20, 2007

Ligia Latiff-Bolet, Ph.D., Director
Quality Management
South Carolina Department of Mental Health
2414 Bull Street
Columbia, South Carolina 29202

Dear Dr. Latiff-Bolet:

We are in writing in response to your letter dated October 12, 2007, requesting policy revisions to the Medicaid manual for Community Mental Health Services (CMHS). In an effort to streamline and appropriately address all concerns, and to provide ample time to comply with internal processes for policy changes, staff in the Division of Family Services have implemented a semi-annual process for revisions to Medicaid policy manuals. Exceptions to this process may be made when it is necessary to address issues of federal and state compliance.

We are providing the following responses to your respective requests. In regards to request 1 and 2, and revisions to the Medical Management protocol, since this is a new initiative developed by your agency and implemented in August 2007, we prefer to allow this new policy ample time to operate in your system before we make any changes. We welcome the opportunity to revisit these requests once Department of Mental Health staff has had an opportunity to utilize the protocol and identify system needs. It may be necessary to seek internal feedback prior to submitting future policy requests.

In regards to request 3, to include Licensed Practical Nurses (LPNs) in the list of medical staff to deliver Injectable Medication Administration, we will make this addition to the manual during our regular scheduled manual updates, to be effective immediately. This provision is being made to allow LPNs to operate within their scope of practice.

In regards to request 4, the original request made by the Department of Mental Health was to allow clinical notes for Behavioral Health Prevention-Education Services to be included in the chart within five working days from the date of service. The allowance in revision number 16 of the July 31, 2007 Medicaid bulletin was made based on your specific request. Your request

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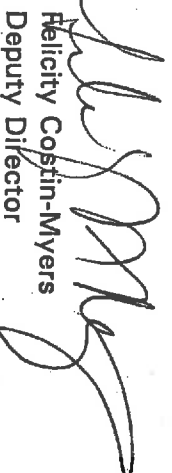
Ligia Latiff-Bolet, Ph.D., Director
November 20, 2007
Page 2

to now allow this provision to apply to all documentation generated by clinicians delivering services in the schools is a new request.

Current Medicaid policy calls for documentation to be placed in the medical record immediately after the delivery of a service. In cases where this is not possible, we have allowed some flexibility in meeting this requirement, consistent with general medical practice. Please be reminded that Medicaid should not be billed for any services prior to the required documentation being placed in the medical record. While we recognize that certain intricacies of your system may prove difficult in meeting these requirements, we believe it to be imperative that providers attempt to preserve continuity of care for these children. To assist in maintaining compliance with CMHS manual requirements, we recommend that you establish an internal process of developing a duplicate medical record for children receiving services in the school. The parent record should make reference to the secondary record and be easily accessible by all staff.

My staff will work with you to identify and address any necessary policy revisions in preparation for the semi-annual manual revision process slated for February 2008. We appreciate your continued effort to provide quality services to Medicaid beneficiaries. Should you have any questions or need additional assistance, please contact Ms. Jean McDaniel at 898-2565.

Sincerely,



Felicity Costin-Myers
Deputy Director

FCM/mj