DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Myers	10/30/08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000236	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____ CC: Ms. Forkner Cleared 11/10/08 letters attached	[X] Prepare reply for appropriate signature DATE DUE 11/10/08 [ ] FOIA DATE DUE _____ [ ] 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.			

DMH South Carolina Department of Mental Health

2414 Bull Street/P.O. Box 485
Columbia, S.C. 29202
Information: (803) 898-8581

John H. Magill
State Director of Mental Health

Log. Myers
Depuo Sign
cc: EF

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

October 16, 2008

RECEIVED
OCT 30 2008
Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

Dear Ms. Forkner:

South Carolina was awarded a Co-occurring State Incentive Grant (COSIG) effective September 30, 2006 through September 29, 2011. The grant project is collaboration between the Governor's Office, South Carolina Department of Mental Health (SCDMH), South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) and South Carolina Vocational Rehabilitation Department (SCVRD). The project is designed to improve the recognition, diagnosis and treatment of co-occurring mental health and substance abuse disorders (COD). We are seeking DHHS' assistance as we explore alternative treatment and financing models in support of evidence-based practices for COD.

DAODAS and SCDMH affirm their commitment to providing a full range of appropriate services to clients with co-occurring disorders and to working cooperatively with other agencies to ensure that services are coordinated for maximum effectiveness. Central to our goal is a philosophy of "No Wrong Door" for clients with a co-occurring disorder and the creation of a welcoming environment.

The project is currently available in Georgetown and Charleston with plans to expand statewide within three years. Enclosed is a sample of the screening tool currently being used by pilots and status report on the number of clients served under COSIG. Independent evaluation of statewide implementation efforts, assessment of sustainability of changes and expected improvements in client outcomes are administered by the University of South Carolina.

Enclosed for your consideration is our jointly supported Medicaid proposal to achieve the goals of COSIG. We appreciate the past participation of Ms. Jean Fowler of your staff on the COSIG Financing Workgroup. We are requesting that you designate staff to work with the COSIG Financing and Policy Workgroup to continue our efforts. We look forward to ongoing collaboration with Medicaid to better promote recovery for individuals with or at risk for COD.

Sincerely,

John H. Magill
State Director
SCDMH

W. Lee Catoe
Director
DAODAS

Enclosures
cc: Shelley McGeorge, PhD
Geoff Mason

SCDAODAS/SCDMH
COSIG Medicaid Proposal
August 2008

Purpose: To enhance current Medicaid reimbursement policy to support implementation of evidence-based practices for persons with co-occurring disorders.

Background

Nationally, it is estimated that 10%-40% of persons with co-occurring disorders (COD) will actually seek treatment. Of those who receive treatment, less than 10% will receive it for both disorders. The COSIG Project wants to improve the number of clients diagnosed and treated for both disorders through better collaboration among our partners.

We recognize that all services to COD clients take place within the context of local community offices and each agency has its respective policies and procedures. To ensure appropriate care and services to clients who have COD and who are served by multiple agencies, policies and procedures must be inclusive of COD considerations. We have made progress toward the goal of integrated services but are constantly challenged by resource capacity. One of the most challenging barriers is how to appropriately access funding resources and to achieve equitable resource allocations across the mental health and substance abuse systems.

In order to care for clients with COD, services need to be provided in cooperation with other agencies whose missions are critical to the recovery of COD clients, and effective care should always mean the inclusion of clients and advocacy groups in the development of treatment programs and in the treatment processes themselves. Central to our goal is a philosophy of "No Wrong Door" for clients with a COD and the creation of a welcoming environment. Center for Substance Abuse Treatment's (CSAT) "no wrong door" policy states that effective systems must ensure that an individual needing treatment will be identified and assessed and will receive treatment, either directly or through appropriate referral, no matter where he or she enters the realm of services (CSAT 2000a).

Our continued efforts to focus on COD are based on several factors:

- A COD leads to worse outcomes and higher costs than single disorders
- Evidence-based models exist and can be implemented
- Providers and consumers want a better, more recovery focused system of care
- Fewer than 10% of individuals diagnosed with COD get the treatment they need

Key interventions to be implemented through COSIG to promote integrated treatment include:

- **Client-Directed Services** - Implement evidence-based treatment practices. Create an engaging and welcoming environment for clients (i.e. "no wrong door") among partnering agencies.

- **Workforce Development** - Cross train agency staff in COD core competencies for workforce development.
- **Screening, Assessment and Treatment** - Develop and pilot a statewide standardized COD screening protocol across SCDMH, DAODAS and SCVRD.

- **Financing Strategies** - Improve ways to fund seamless services for COD across agencies.

- **Data Collection and Information Sharing** - Implement management and information systems (i.e., Medicaid Client Management System) that allow tracking of services and outcomes and exchange of administrative and clinical information among agencies. Additionally, develop MIS systems to identify COD clients.

- **Expand Leadership Coordination** - Create a permanent coordinating body of state agency executives to ensure implementation of the COSIG Action Plan.

Requested Action

- Explore current Medicaid Chapter 200 and pending rehabilitative state plan amendment service standards, frequency limitations and reimbursement levels for clients receiving treatment at local community mental health centers and/or alcohol and drug abuse commissions.

- Obtain Medicaid approval for specific billing codes, frequency limitations, rates and documentation requirements for concurrent treatment sessions (i.e. individual and group therapy/counseling) under integrated model, to include targeted case management protocol.

- Explore other CPT/HCPCS billable codes that may be appropriate for community mental health centers and/or alcohol and drug abuse commissions.

COD SCREENING / ASSESSMENT / TREATMENT DATA FORM

Client Name: _____ SSN: _____
Date of Birth: _____ Gender: _____ Race: _____ Phone: (____)_____
Address: _____

SCREENING DATA (Completed by screening/intake clinician.)
Screening Date: _____

Mental Health (Circle response.)

1) In the last year, have you had thoughts about hurting yourself or someone else?	Yes	No
a) Do you have a plan?	Yes	No
2) In the last year, have you been hearing, seeing, or feeling things that other people don't?	Yes	No
3) In the last year, have you taken any medications to get through the day?	Yes	No
a) Type of medication(s) and strength:		
4) Have you *ever* seen a doctor/counselor for mental health/addiction problems?	Yes	No
a) List professional and type and when the service was provided.		
5) Have you been to the hospital for mental health/addiction problems?	Yes	No
a) List the hospital, when, and for what purpose.		

Positive response to any item indicates need for further assessment and psychiatric evaluation.
Comments:

Substance Use (Circle response.)

During the last year:		
1) Have you ever felt you ought to cut down on your drinking or drug use?	Yes	No
2) Have people annoyed you by criticizing your drinking or drug use?	Yes	No
3) Have you ever felt bad or guilty about your drinking or drug use?	Yes	No
4) Have you ever had a drink or used drugs as an eye-opener in the morning to relieve your shakes or cravings?	Yes	No
5) Have you had a drink or used drugs in the last 72 hours?	Yes	No
6) Urine screen results, if administered:	Pos	Neg

Positive response to 1, 2, 3, or 4 indicates need for further alcohol and drug assessment.
Comments:

Vocational Rehabilitation (Circle response.)

During the last year:		
1) Are you having any problems on the job?	Yes	No
2) Are you having problems keeping or finding a job?	Yes	No
3) Has your employer criticized your job performance or spoken with you about tardiness or absenteeism?	Yes	No
4) Do you want to go to work? (For individuals who are not working.)	Yes	No

Positive response to any item indicates need for vocational rehabilitation assessment.

Comments:

Screening Results (Check all that apply.)

_____ Further *mental health* assessment is needed.
_____ Further *alcohol and drug* assessment is needed.
_____ Further *vocational rehabilitation* assessment is needed.
_____ No further assessment is needed.

If another agency will be conducting the assessment, the referring clinician will fax this form to the agency to be used in the assessment process. Keep completed form in assessing agency's medical record.

MENTAL HEALTH / SUBSTANCE USE ASSESSMENT / TREATMENT DATA

Assessing Agency: _____ Agency Client ID: _____ Date: _____

Assessment Results (Check one)

_____ Co-occurring mental health and substance use diagnoses
_____ Mental health diagnosis only
_____ Substance use diagnosis only
_____ No mental health or substance use diagnosis

Comments:

Treatment (Check one)

_____ Client is being treated for both co-occurring disorders at one agency
_____ Client is being treated for one co-occuring disorder at one agency, referred for treatment of the other disorder.
_____ Client is being treated for mental health disorder only
_____ Client is being treated for substance use disorder only
_____ None

Comments:

Type of Treatment for Co-Occurring Disorders (Check one)

_____ Minimal coordination *(No interaction among providers after the initial referral.)*
_____ Consultation *(Interaction among providers is informal, episodic, and limited.)*
_____ Collaboration *(Regular planned communication, shared progress reports among providers.)*
_____ Integration *(Shared responsibility for development and implementation of treatment plan.)*

Comments:

Evaluation Indicators for COSIG Leadership Council (through 4/08, updated 6/08)

Indicators	Target[1]		Totals			Actual/Expected	
	Month	Year	April	YTD[2]	ProjTD	YTD	ProjTD
Statewide							
COD Screenings	106.67	1280	62	264	294	35%	33%
COD Assessments			27	182	204		
COD Treatment			17	154	175		
GPRA Intakes	14.35	172.5	14	72	83	72%	71%
GPRA Discharges			1	10	11		
GPRA Follow-up			5	16	16		70%
Georgetown/Choppee							
COD Screenings	25	300	25	109	122	62%	61%
COD Assessments			33	87	93		
COD Treatment			22	66	72		
GPRA Intakes	6.25	75	7	21	27	48%	54%
GPRA Discharges			1	5	5		
GPRA Follow-up			2	9	9		75%
Georgetown VR							
COD Screenings	10	120	11	27	29	39%	36%
COD Referrals			14	16	17		
Charleston MHC							
COD Screenings	18.75	225	3	52	60	40%	38%
COD Assessments			3	58	63		
COD Treatment			1	54	59		
GPRA Intakes	4.6	55	4	30	30	93%	81%
GPRA Discharges			0	0	0		
GPRA Follow-up			1	1	1		50%
Charleston AOD							
COD Screenings	9.17	110	0	23	29	36%	39%
COD Assessments			0	37	48		
COD Treatment			0	34	44		
GPRA Intakes	3.5	42.5	3	21	26	86%	88%
GPRA Discharges			0	5	6		
GPRA Follow-up			2	6	6		67%
Charleston VR							
COD Screenings	43.75	525	23	53	54	17%	14%
COD Referrals			12	22	22		

[1] Targets modified for all Charleston sites beginning 4/2008
[2] Current Federal Fiscal Year began 10/2007
[3] Project data collection began 9/2007

Log #236

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

November 10, 2008

Mr. John H. Magill, State Director
South Carolina Department of Mental Health
Post Office Box 485
Columbia, South Carolina 29202

Dear Mr. Magill:

The South Carolina Department of Health and Human Services (SCDHHS) applauds your collaborative efforts with the Governor's Office, Department of Alcohol and Other Drug Abuse Services and South Carolina Vocational Rehabilitation Department to promote and achieve the goals of the Co-occurring State Incentive Grant (COSIG) and improve the care and treatment of persons with co-occurring mental health and substance abuse disorders (COD). We concur with the "No Wrong Door" philosophy for all Medicaid beneficiaries and support efforts that maximize coordination of treatment and effective use of resources.

We have reviewed your jointly supported Medicaid proposal and look forward to working with you to develop a successful continuum of care model. As your efforts continue, I am designating Ms. Deitrich Drayton to work with your staff on the COSIG Financing and Policy Workgroup. Ms. Drayton may be reached at 898-2565 or by email at draytond@scdhhs.gov. As you may recall, we continue to make policy revisions around our pending rehabilitation services state plan amendment. This process will offer opportunities for us to explore available options that support this integrated treatment model for COD beneficiaries.

We look forward to the ongoing success of this initiative.

Sincerely,

Felicity C. Myers
Deputy Director

FCM/wfj

Medical Services
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-4501 Fax (803) 898-4515

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

November 10, 2008

Mr. W. Lee Catoe, Director
Department of Alcohol and Other Drug Abuse Services
101 Executive Center Drive, Suite 215
Columbia, South Carolina 29210

Dear Mr. Catoe:

The South Carolina Department of Health and Human Services (SCDHHS) applauds your collaborative efforts with the Governor's Office, Department of Mental Health and South Carolina Vocational Rehabilitation Department to promote and achieve the goals of the Co-occurring State Incentive Grant (COSIG) and improve the care and treatment of persons with co-occurring mental health and substance abuse disorders (COD). We concur with the "No Wrong Door" philosophy for all Medicaid beneficiaries and support efforts that maximize coordination of treatment and effective use of resources.

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