

## **Table of Contents**

**State/Territory Name: South Carolina**

**State Plan Amendment (SPA) #: 23-0006**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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January 12, 2024

Robert M. Kerr, Director  
South Carolina Department of Health & Human Services  
P.O. Box 8206  
Columbia, South Carolina 29202-8206

Re: South Carolina State Plan Amendment (SPA) 23-0006

Dear Director Kerr:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0006. This SPA proposes to remove the limits previously applied to the Ambulatory Care annual visits.

We conducted our review of your submittal according to statutory requirements in 2 CFR 440.20 and 42 CFR 440.50. This letter is to inform you that South Carolina's Medicaid SPA 23-0006 was approved on January 11, 2024, with an effective date of May 11, 2023.

Enclosed are copies of the approved CMS-179 summary form and the approved SPA pages to be incorporated into the South Carolina State Plan.

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at [Etta.Hawkins@cms.hhs.gov](mailto:Etta.Hawkins@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Margaret Alewine  
Shelia Chavis

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER 2 3 — 0 0 0 6	2. STATE S C
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE May 11, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.20 and 42 CFR 440.50		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023                      \$ 264,675 b. FFY 2024                      \$ 695,300	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Supplement 3 to Attachment 2.6-A, Page 1  Attachment 3.1-A Limitation Supplement, Pages 1a, 3, 3a, 3a.1 Pages 3a and 3a.1 will be removed due to deletion of State Plan language.		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Supplement 3 to Attachment 2.6-A, Page 1  Attachment 3.1-A Limitation Supplement, Pages 1a, 3, 3a, 3a.1	
9. SUBJECT OF AMENDMENT  This SPA will remove the limits previously applied to the Ambulatory Care annual visits.			
10. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT  <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                 </div> <div style="width: 45%;"> <input checked="" type="radio"/> OTHER, AS SPECIFIED:                 </div> </div>			
11. SUBMITTING OFFICIAL [REDACTED]	15. RETURN TO South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206		
12. TYPED NAME Robert M. Kerr	<b>FOR CMS USE ONLY</b>		
13. TITLE Director			
14. DATE SUBMITTED June 21, 2023			
16. DATE RECEIVED June 21, 2023	17. DATE APPROVED January 11, 2024	<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL May 11, 2023	19. SIGNATURE OF APPROVING OFFICIAL [REDACTED]		
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations		
22. REMARKS  On December 5th, 2023 South Carolina authorized a pen and ink change to remove page 1 of Supplement 3 to Attachment 2.6-A in block 7 and 8 of the CMS 179 form. On January 2, 2024 South Carolina authorized pen and ink changes to remove pages 3a and 3a.1 from block 7 and place the following note in block 7: (Pages 3a and 3a.1 will be removed due to deletion of State Plan language).			

2.b. RURAL HEALTH CLINICS. Rural Health Clinic (RHC) services are:

- Procedures performed by a physician, physician assistant, nurse practitioner, nurse midwife, clinical psychologist, clinical social worker, incident to such services as would otherwise be covered if furnished by a physician or as an incident to a physician's services.
- Procedures performed by a visiting nurse in areas with shortages of home health agencies. In certain cases, services to a homebound Medicaid patient may be provided.
- Any other ambulatory service included in the State Plan is considered a covered RHC service, if the RHC offers such a service.

Services provided in an inpatient or outpatient hospital department, including critical access hospital, or a facility with specific requirements excluding RHC visits are not considered RHC services.

2.c. FEDERAL QUALIFIED HEALTH CENTERS. Federally Qualified Health Centers (FQHCs) services are:

- Procedures performed by a physician, physician assistant, nurse practitioner, nurse midwife, clinical psychologist, clinical social worker, incident to such services as would otherwise be covered if furnished by a physician or as an incident to a physician's services.
- Procedures performed by a visiting nurse in areas with shortages of home health agencies. In certain cases, services to a homebound Medicaid patient may be provided.
- Any other ambulatory service included in the State Plan is considered a covered FQHC service, if the FQHC offers such a service.

Services provided in an inpatient or outpatient hospital department, including critical access hospital, or a facility with specific requirements excluding FQHC visits are not considered FQHC services.

2.d [Reserved]

2.e [Reserved]

3. Other Laboratory and X-Ray Services: Laboratory and X-Ray services shall be covered to the extent permitted in federal Medicaid regulations and must conform to policies, guidelines and limitations as specified in the Physician, Laboratories and other Medical Professional Manuals. Services that exceed the limit may be authorized based on medical necessity or utilization control procedures.

4.a. NURSING FACILITY SERVICES. (For individuals 21 years of age or older). Prior approval for admission (or upon request for payment) and prior approval for level of care certification as appropriate is the responsibility of the Division of Community Long Term Care, South Carolina Department of Health and Human Services (DHHS). This pre-admission screening also includes services provided in a swing bed hospital that has an approval to furnish nursing facility services and includes sub-acute care provided to ventilator dependent patients when contracted to provide this care (effective 05/11/23).

5. Physician Services

Physician Services are limited to procedures performed, or directly supervised by a practitioner licensed by the appropriate State Board of Medical Examiners as a doctor of medicine or osteopathy. Services are further limited to those rendered by an enrolled physician provider on behalf of an eligible recipient within the designated South Carolina Service Area. All services must be medically necessary and appropriate for the diagnosis and treatment of a specified condition. Physician Services may be rendered in a physician's office, clinic, hospital, nursing home, patient's home or elsewhere.

Technical Services, including materials that are supplied by a physician in an ambulatory setting are considered part of the physician's professional service unless specifically designated as a separate service in the South Carolina Medicaid Physician, Clinical and Ancillary Services Manual.

Physician supervision is restricted to services provided under the direct supervision of a physician directing a paramedical professional or other licensed individual. The physician must be responsible for all services rendered and be accessible at all times during the diagnosis and treatment of the patient.

5.b. Medical and surgical services of a dentist

These services must be furnished by a licensed doctor of dental surgery or dental medicine, practicing within the scope of his profession as defined by State Law, to eligible Medicaid beneficiaries and include, but not be limited to, the following medically necessary services delivered in accordance with sections 1902 (a) (10) (A) and 1905(a) (5) (B) of the Social Security Act: diagnostic, surgical, rehabilitation, reconstructive or corrective services necessary for treatment of the oral & maxillofacial area, adjacent or associated structures, including the head & neck region, that may affect a beneficiary's oral or general health.

Eligible Medicaid beneficiaries may receive medically necessary dental services delivered in preparation for or during the course of treatment for exceptional medical conditions or procedures as defined in the dental provider manual, including those described in paragraph 1 of section 5.b of this attachment.

Medical necessity will be determined by the agency through established utilization management policies based on the application of industry standards of medical and dental practice and through applications of reasonable limitations and criteria. Agency's policies are defined in the dental provider manual available on the agency's website at [scdhhs.gov](http://scdhhs.gov).

SC: 23-0006  
EFFECTIVE DATE: 05/11/23  
APPROVAL DATE: 01/11/24  
SUPERSEDES: SC 15-001