Revision: HCFA-PM-91-4 (BPD) August 1991 ATTACHMENT 3.1-A

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		State/	Terri	tory	/:	South C	arolina			
AND F	REMED	IAL CARE			DURATION, CES SERVIO				GORICALLY N	1EEDY
24.					and any by the Se		e of re	medial ca	are recogni	zed under
a.'	Trans	sportatio	n.							
	\boxtimes	Provided	l:		No limit	ations	\boxtimes	With lin	mitations*	
		Not Prov	rided							
b. Services of Christian Science nurses.										
		Provided	l:		No limit	ations		With lin	mitations*	
	\boxtimes	Not Prov	rided							
b. Care and services provided in Christian Science sanito									ria.	
		Provided	l:		No limit	ations		With lin	mitations*	
	\boxtimes	Not Prov	rided							
d.	Nursing facility services provided for patients under 21 years of age.									f age.
	\boxtimes	Provided	l:		No limit	ations	\boxtimes	With 1	Limitations	;*
		No provi	ded							
е.	Eme	Emergency hospital services.								
	\boxtimes	Provided	l:		No limit	ations	\boxtimes	With 1	limitations	; *
		Not prov	rided							
f.	ар	rsonal care services in recipient's home, prescribed in accordance with plan of treatment and provided by a qualified person under supervision a registered nurse.								
		Provided	l:		No limit	ations		With 1	Limitations	;*
	\boxtimes	Not prov	rided							
	*De	scription	n prov	ide	on attacl	nment.				
TN No Super		SC 08-02	24		Approv	al Date:	7-26-10	Effe	ctive Date	10/01/08
TN No). <u>M</u>	IA 99-002		_				HCFA	TD 7986E	