

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



November 17, 2009

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

Re: South Carolina Title XIX State Plan Amendment, Transmittal #08-030

Dear Ms. Forkner:

We have reviewed South Carolina's State Plan Amendment (SPA) 08-030, which was submitted to the Atlanta Regional Office on December 18, 2008. This amendment revises the reimbursement for home based private duty nursing services.

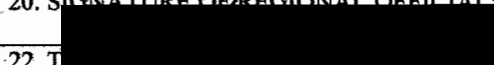
Based on the information provided, we are pleased to inform you that South Carolina SPA 08-30 was approved on October 20, 2009. The effective date is May 1, 2009. The signed CMS-179 and the approved plan page are enclosed. If you have any questions regarding this amendment, please contact Tandra Hodges at (404) 562-7409.

Sincerely,

/s/

Mary Kaye Justis, RN, MBA
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: SC 08-030	2. STATE South Carolina
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE May 1, 2009	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY 2009 \$200,856 b. FFY 2010 \$301,283	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Limitation Supplement, Page 1c & 1c.1 Attachment 4.19-B, Page 2.1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Limitation Supplement, Page 1c Attachment 4.19-B, Page 2	
10. SUBJECT OF AMENDMENT: Reimbursement for home based private duty nursing services..			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Ms. Forkner was designated by the Governor <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL to review and approve all State Plans			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Emma Forkner</i>		16. RETURN TO: South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206	
13. TYPED NAME: Emma Forkner			
14. TITLE: Director			
15. DATE SUBMITTED: December 18, 2008			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/18/08		18. DATE APPROVED: 10/20/09	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 02/01/09		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Mary Kaye Justis, RN, MBA		22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children's Health Opns	
23. REMARKS:			

both programs; however, The Medicare (Title XVII) program is primarily responsible for reimbursement in these cases. Non-Medicare benefits will follow the South Carolina Medicaid State Plan as described in 42 CFR 337.371 (c) (2).

3. Other Laboratory and X-Ray Services:

Reimbursement is calculated as it is for physicians. Refer to 5.

This methodology will expire June 30, 2009.

4.b Early and Periodic Screening, Diagnosis and Treatment Screening Services:

For providers other than individual practitioners a negotiated encounter rate not to exceed reasonable cost. This rate shall also serve as the upper limit for reimbursement for individuals practitioners providing the same services.

Comprehensive Health and Developmental History including		
Assessment of both Physical and Mental Health Development		
Assessment of Nutritional Status		Vision Screening
Comprehensive Unclothed Physical Examination		Hearing Screening
Ear, Nose, Mouth and Throat Inspection		Blood Pressure
Developmental Assessment		Anemia Screening
Assessment of Immunization Status and Administration		Health Education

Optional services as deemed medically necessary by the provider:

Lead Screening	Tuberculin Skin Test	Urinalysis
Sickle Cell Test	Parasite Test	

Immunizations:

Vaccines for Medicaid eligible children are obtained through the State Health Agency as provided under the Vaccines for Children Program. An administration fee will be reimbursed to Medicaid providers who administer immunizations in conjunction with an EPSDT screening or other billable service, as well as, for "shots only" visits

Payments for EPSDT Services that are not otherwise covered:

Services not listed as covered services in the state agency manuals/state plan will be provided if determined to be medically necessary by the appropriate agency staff or consultants. The reimbursement rate for these services will be 80% of statewide usual and customary fees. If the provider is a government agency and/or a non-profit organization, the reimbursement will be no greater than actual costs. This in compliance with 45 CFR Subpart Q.

Home Based Private Duty Nursing Services:

Home Based Private Duty Nursing reimbursement rates are separately established for Registered Nurses (RN) and Licensed Practical Nurses (LPN). Salaries, fringe benefits, limited direct, and indirect costs are considered in the development of the rates. Services are billed in 6-minute increments; therefore, ten (10) units equate to an hour of care.

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SUPERSEDES: SC 08-004

4.b EPSDT continued:

Home Based Private duty nursing services are available in the home to all recipients under age 21 who are found to be in need of such services on the basis of State established medical necessity criteria. The services must be ordered by the attending physician and must be provided by a Licensed Practical Nurse (LPN) or a Registered Nurse (RN), licensed by the State Board of Nursing for South Carolina. Immediate family members cannot be reimbursed for providing these services. Home Based Private duty nursing services meet the requirements at 42 CFR 440.80.

Personal Care services are available to all recipients under age 21 who live at home and who are found to be in need of such services on the basis of state established medical necessity criteria. Personal Care Services are designed to enable participants to accomplish tasks that they would normally do for themselves if they did not have a disability. This assistance may take the form of hands-on assistance (performing a task for the person) or cuing to prompt the participant to perform a task. Such assistance may include assistance in activities of daily living (bathing, dressing, toileting, transferring, maintaining continence, etc.). Instrumental Activities of Daily Living (IADL's) including home support (cleaning, laundry, shopping, home safety and errands) may be done as a part of the assistance given in the provision of activities of daily living. Personal care services may be provided on an episodic or on a continuing basis and are preformed by personal care agencies. Personal care services are furnished in the participant's home. Any services authorized outside a home setting must be prior approved by the State. Personal care agencies must meet SCDHHS scope of service requirements. A licensed nurse must oversee all direct care staff of a personal care agency. Personal Care Aides must be able to communicate effectively with both participants and supervisors, be fully ambulatory, capable of aiding with recipient's activities of daily living, capable of following a care plan, criminal background checks must verify that the participant has never been involved in substantiated abuse or neglect, be at least 18 years of age, pass a competency test and complete yearly training. The amount and duration of services must be prior authorized and re-authorized based on the recipient/s medical needs at regular intervals by the DHHS. Immediate family members cannot be reimbursed for providing these services.

The following policy applies to both home based private duty nursing and personal care services. Reimbursement for personal care and home based private duty nursing services, may be made to certain family members who meet South Carolina Medicaid provider qualifications. The following family members cannot be reimbursed: The spouse of a Medicaid consumer; A parent of a minor Medicaid consumer; A step parent of a minor Medicaid consumer; A foster parent of a minor Medicaid consumer; Any other legally responsible guardian of a Medicaid consumer. All other qualified family members can be reimbursed for their provision of the services listed above. Should there be any question as to whether a paid caregiver falls in any of the categories listed above, SCDHHS legal counsel will make a determination.

Physical and occupational therapy services as prescribed by a licensed physician, identified as a needed service through an EPSDT exam or evaluation and identified on a prior authorized treatment plan.

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Services may be rendered by physicians and licensed physical and occupational therapists either employed by an approved provider or certified as an independent or group practitioner. Physical and occupational therapy are provided by or under the direction of qualified therapists and physical therapy and occupational therapy services meet the requirements of 42 CFR 440.110.

Psychological testing, evaluation and therapy are covered when prescribed through an EPSDT screen or exam and a prior authorization process. Services may be rendered by a licensed doctoral level psychologist in private practice or employed by an approved and enrolled provider.

Nursing Services for Children Under 21: Skilled intermittent nursing care provided by nurses licensed and regulated by the state to administer medications or treatments to children under 21 in a school based or public medical clinic setting. The nursing care provided is necessary for the maximum reduction of the beneficiaries' physical and/or mental disability and restoration to the best possible functional level.

4.c Effective April 1, 1990, the Omnibus Budget Reconciliation Act, Section 6403 requires that any diagnostic service or treatment determined to be medically necessary as a result of a screening service which is allowed to be covered with Federal matching funds under Medicaid must be provided whether or not such service is covered under this State Plan.

the above methods work, the agency will look at a similar type service and determine a one-time reimbursement rate that is agreeable to both the agency and the provider based upon a review of charges (i.e. paying a percentage of billed charges), commercial market rates, or cost report data.

Home Based Private Duty Nursing Services:

Home Based Private Duty Nursing reimbursement rates are separately established for Registered Nurses (RN) and Licensed Practical Nurses (LPN). Salaries, fringe benefits, limited direct, and indirect costs are considered in the development of the rates. Services are billed in 6-minute increments; therefore, ten (10) units equate to an hour of care. (In the instances of private duty nursing services to DDSN clients under 21, these services are billed in fifteen (15) minute increments.) Except as otherwise noted in the plan, the state-developed fee schedule rates are the same for both governmental and private providers of home based private duty nursing services. The agency's fee schedule rate was set as of July 1, 2007 and is effective for services provided on or after that date. All rates are published in Medicaid Bulletins. The SCDHHS will limit the weekly reimbursement of Home Based Private Duty Nursing services provided by either a RN or LPN to the amount of weekly institutional care reimbursement based upon the intensive technical services reimbursement rate as established via Attachment 4.19-D, Page 30, of the South Carolina State Plan.

Effective May 1, 2009, an additional classification of home-based private nursing services is reimbursable for services provided to children who are ventilator or respirator dependent, intubated or dependent on parenteral feeding or any combination of the above. This service has been developed to recognize the skill level that nurses caring for these children must have over and above normal home-based services. An hourly rate adjustment of \$3.00 is added to the RN or LPN home based rate for services provided to those children who are defined as High Risk/High Tech. Again, services are billed in 6-minute increments; therefore, ten (10) units equate to an hour of care. The SCDHHS will limit the weekly reimbursement of Home Based Private Duty Nursing services provided by either a RN or LPN to High Risk/High Tech children to the amount of weekly institutional care reimbursement based upon the intensive technical services reimbursement rate as established via Attachment 4.19-D, Page 30, of the South Carolina State Plan.

Personal Care Services:

The Personal Care service reimbursement rate was initially established based upon projected service costs of providers. The payment rate is calculated for Personal Care services on an hourly basis. Annual cost reports are reviewed on an as needed basis to ensure the appropriateness of the payment rates in accordance with allowable cost definitions as outlined in OMB Circular A-87. Services are billed in six (6) minutes increments; therefore, ten (10) units equate to an hour of care. (In the instances of personal care services to DDSN clients under 21, these services are billed in fifteen (15) minute increments.) Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Personal Care services. The Agency's fee schedule rate was set as of October 1, 2007 and is effective for services provided on or after that date. All rates are published in Medicaid Bulletins.

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