

Table of Contents

State/Territory Name: South Carolina

State Plan Amendment (SPA) #: 13-007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

October 15, 2018

Mr. Joshua Baker
Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment, SC 13-007

Dear Mr. Baker:

We have reviewed the proposed State Plan Amendment, SC 13-007, which was original submitted to the Atlanta Regional Office on June 14, 2013. This state plan removes the Integrated Personal Care (IPC) program from the Medicaid State Plan, effective July 1, 2013.

Based on the information provided, the Medicaid State Plan Amendment SC 13-007 was approved on October 15, 2018. The effective date of this amendment is July 1, 2013. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Maria Drake at (404) 562-3697.

Sincerely,

//s//

Shantrina D. Roberts, MSN
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-007	2. STATE South Carolina
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE July 1, 2013	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN X <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(23) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2013 (\$880,375) b. FFY 2014 (\$3,521,500)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Limitation Supplement, pages 6d and 6e Attachment 4.19-B, page 6.2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A Limitation Supplement, pages 6d and 6e Attachment 4.19-B, page 6.2	
10. SUBJECT OF AMENDMENT: Deletion of Integrated Personal Care Program (IPC) from the South Carolina State Medicaid Plan			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		X <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Mr. Keck was designated by the Governor to review and approve all State Plans	
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//		16. RETURN TO: South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206	
13. TYPED NAME: Anthony E. Keck			
14. TITLE: Director			
15. DATE SUBMITTED: 06/14/13			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 06/14/13		18. DATE APPROVED: 10/15/18	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/13		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Shantrina D. Roberts		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS: Approved with the following changes to blocks 8 and 9 as authorized by state agency on the RAI dated 09/28/18.			
Block # 8 changed to read: Attachment 3.1-A Limitation Supplement, pages 6d and 6e.			
Block # 9 changed to read: Attachment 3.1-A Limitation Supplement, pages 6d and 6e.			

- Demonstrates a pattern of noncompliance with the PCP plan of care
- Needs effective individualized self-management instruction to prevent further progress of a diagnosed disease/illness/condition.

Covered RSPCE must either be: (1) required for the implementation of a medical plan of care by a primary care provider and other appropriate practitioners, or (2) medically necessary services identified in the RSPCE medical plan of care which are not duplicated or otherwise covered under the State Plan.

B. The services components are assessment and medical plan of care. If recommended by a primary care provider, the RSPCE provider may perform follow-up medical information and monitoring services.

- RSPCE Assessment/Evaluation and Medical Plan of Care - Assessments must include the health status, the individual's needs, knowledge level, and identify the relevant health risk factors which interfere with the individual's ability to maintain optimal health. The assessment will determine the individual's immediate and long-term needs or if the individual should be referred for other treatment.

The RSPCE medical plan of care must be designed to promote changes in behavior, improve health status, and develop healthier practices to restore and maintain the individual at the highest possible functioning level. The Plan of Care must be a goal-oriented plan of care (in conjunction with the physician and individual) that addresses needs identified in the assessment/evaluation and which specifies the service(s) necessary to restore the patient to an optimal state of health.

- Follow-up Medical Counseling/Monitoring Services - RSPCE include the provision of risk-specific, goal-oriented, structured interventions in group or individual sessions that address the identified medical problems in the plan of care. Medical instruction includes evidence-based approaches that target the specific factors limiting improvement of the individual's health status. RSPCE may include counseling to build client and care giver self-sufficiency through structured, goal-oriented individual sessions. Group sessions that allow direct one-to-one interaction between the counselor and the individual recipient may also be used to provide some components of this service.
- Services assess patient response to the plan of care and structured interventions. Services include reassessment of the interventions to determine their effectiveness. Activities also include evaluating resources to transition individuals into other health-related medical systems. The RSPCE provider must communicate patient progress and discharge instructions to the primary care provider.

RSPCE assessments are limited to two (2) hours per year and individual and/or group services are limited to sixteen (16) hours per year. RSPCE may be provided in the patient's home, in a clinic, or in other appropriate setting. Services may not be provided while an individual is residing in an inpatient hospital or other institutional setting such as a nursing care facility or residential care facility.

C. Qualifications of Providers - Health Organizations contract to provide services. The contracted organizations must have experience providing rehabilitative services for diagnosed disease/illness/conditions, have evidence-based information, and have staff that includes credentialed direct providers of service. Direct providers of RSPCE are physicians, other licensed practitioners of the healing arts (e.g., nurses, dietitians, social workers) acting within the scope of their practice under State law, and Certified Health Educators. Licensed professional staff members supervise unlicensed health paraprofessionals (with documented special training or certification) who furnish services which are within the scope of practice of the licensed professional.

D. Special Conditions - In order to be covered as RSPCE, services must: (1) be included in the RSPCE medical plan of care; (2) address rehabilitation of a medical condition; (3) be recommended by a primary care physician or other licensed practitioner of the healing arts; (4) involve direct patient contact; and, (5) be medically-oriented.

- 14.b Skilled Nursing Facility Services for Individuals Age 65 or Older in Institutions for Mental Disease. (a) Must meet utilization control criteria for admission.
(b) Must meet standards for certification of need.

Basic services and items furnished in an IMD facility that are included in the per diem rate and must not be charged to the patient include the following:

- A. Nursing Services - Include all nursing services to meet the total needs of the resident, the administration of treatments and medications as ordered by the physician, assistance with mobility (walking or wheelchair), and routine nursing supplies. Nursing supplies include, but are not limited to such items as syringes, air mattress, I.V. supplies, adhesive tape, canes, ice bags,