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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: 14-007

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
61 Forsyth Street S.W. Suite 4T20
Atlanta, Georgia 30303



Atlanta Regional Operations Group

March 25, 2019

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

Attention: Sheila Chavis

Re: South Carolina State Plan Amendment 14-007

Dear Mr. Baker:

We have reviewed the proposed South Carolina state plan amendment, SC 14-007, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 30, 2014. This amendment adds Inpatient Psychiatric Coverage for 65+ Medicaid individuals.

Based on the information provided, the Medicaid State Plan Amendment SC 14-007 was approved on March 25, 2019. The effective date of this amendment is July 1, 2014. We are enclosing the approved HCFA-179 and a copy of the new state plan pages.

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

Sincerely,

Shantrina D. Roberts, MSN
Deputy Director
Division of Medicaid Field Operations-South
Center for Medicaid and CHIP Services (CMCS)

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-007	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 July 1, 2014	
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 <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: 42 CFR 441.100		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$282,000 b. FFY \$1,130,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 6 Attachment 3.1-A Limitation Supplement, page 6e		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Attachment 3.1-A, page 6 Attachment 3.1-A Limitation Supplement, page 6e	
10. SUBJECT OF AMENDMENT: Inpatient Psychiatric Coverage for 65+ Medicaid Individuals			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <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 <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//		16. RETURN TO: South Carolina Department of Health and Human Services P.O. Box 8206 Columbia, South Carolina 29202-8206	
13. TYPED NAME: Anthony E. Keck			
14. TITLE: Director			
15. DATE SUBMITTED:05/29/14			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 05/30/14		18. DATE APPROVED: 03-25-19	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07-01-14		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Shantrina D. Roberts		22. TITLE: Deputy Director Division of Medicaid Field Operations-South	
23. REMARKS:			

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening Services.

- Provided: No limitations With limitations*
 Not Provided

c. Preventive Services.

- Provided: No limitations With limitations*
 Not Provided

d. Rehabilitative services.

- Provided: No limitations With limitations*
 Not Provided

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

- Provided: No limitations With limitations*
 Not Provided

b. Nursing facility services.

- Provided: No limitations With limitations*
 Not Provided

*Description provided on attachment.

TN No. SC 14-007

Supersedes

Approval Date 03/25/19

Effective Date 07/01/14

TN No. SC 11-020

- 14.a Inpatient Hospital 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.

The agency assures that all requirements of 42 CFR Part 441, Subpart C are met, including the requirement for an individual plan for each patient that assures that the institutional care provided is in the patient's best interest, includes initial and periodic review of the patient's medical and other needs, provides appropriate medical treatment, and periodically determines whether the patient continues to need treatment in the institution.

- 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 resigned, 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,