

## **Table of Contents**

**State/Territory Name: South Carolina**

**State Plan Amendment (SPA) #: 20-0001**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services

Center for Medicaid & CHIP Services

233 North Michigan Ave., Suite 600

Chicago, Illinois 60601



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**Financial Management Group**

September 4, 2020

Mr. Joshua D. Baker, Director  
South Carolina Department of Health & Human Services  
P.O. Box 8206  
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

RE: South Carolina State Plan Amendment (SPA) 20-0001

Dear Mr. Baker:

We have reviewed the proposed South Carolina State Plan Amendment, 20-0001, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 22, 2020. This plan amendment was submitted to increase the Early Intervention/Family Training Services Rate.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact DRR analyst Cheryl Wigfall at (919) 274-5976 or [Cheryl.Wigfall@cms.hhs.gov](mailto:Cheryl.Wigfall@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
20-0001

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, 2020

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN                       AMENDMENT TO BE CONSIDERED AS NEW PLAN                       AMENDMENT  
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR Part 440

7. FEDERAL BUDGET IMPACT:  
a. FFY 2020    \$100,748  
b. FFY 2021    \$134,197

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, page 2.a1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Attachment 4.19-B, page 2.a1

10. SUBJECT OF AMENDMENT: This plan amendment increases the Early Intervention/Family Training Service rates paid to qualifying Medicaid providers. The rates will be effective for services provided on or after July 1, 2020.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
Mr. Baker was designated by the Governor  
to review and approve all State Plans

12. [Redacted]

16. RETURN TO:

South Carolina Department of Health and Human Services  
Post Office Box 8206  
Columbia, SC 29202-8206

13. [Redacted]  
Joshua D. Baker

14. TITLE:  
Director

15. DATE SUBMITTED:  
June 22, 2020

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
6/22/20

18. DATE APPROVED:  
9/4/2020

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
7/1/20

20. [Redacted] OFFICIAL:

21. TYPED NAME:  
Todd McMillion

22. [Redacted]ursement Review

23. REMARKS:

Approved with the following changes as authorized by the State:  
Block #7: Change to FFY 2020: \$109,432 and FFY 2021: \$134,013

- a) If the service has a Medicare established reimbursement or a Resource Based Relative Value Scale (RBRVS) value, the reimbursement is calculated based on the established methodology used in Section 5 (Physician Services) on Page 2a.2.
- b) If neither a Medicare rate nor an RBRVS rate exists and the procedure is covered by the State of South Carolina employee Health plan, a percentage of this rate (not to exceed 100%) is used to reimburse for the service.
- c) If neither a Medicare rate nor an RBRVS rate exists and the procedure is not covered by the State of South Carolina employee Health plan, we would negotiate a percentage of charges with the provider to cover this procedure.

#### Early Intervention/Family Training Services and Sign Language Services

Early Intervention services are therapeutic, training, and support services that facilitate the developmental progress of children between the ages of birth to six years old. Early Intervention services include developmental assessments, treatment planning, home visits, and supports to enhance the development of the child and support his or her family in the care of the child. In addition to Sign Language or Oral Interpreter services for children with a developmental delay and/or disability, Family Training is also considered an Early Intervention service. The list of licensed practitioners of the Healing Arts that provides Family Training services are reflected within the provider manual.

Effective for services provided on or after October 1, 2012, state government owned providers of Family Training services and Sign Language services will be reimbursed a prospective payment rate based upon its most recently filed fiscal year (i.e. FY 2010 for the SC Department of Disabilities and Special Needs (SCDDSN) or FY 2011 for the SC School for the Deaf and the Blind (SCSDB)) Medicaid cost report. In order to trend the base year 15 minute unit rate to the payment period beginning October 1, 2012, the midpoint to midpoint methodology was used and applying either the Medicare Economic Index for calendar year 2010 (1.2%) (for SCDDSN) or CY 2011 (1.6%) (for SCSDB). Effective for Early Intervention/Family Training services provided on or after July 1, 2020, the current reimbursement rates are increased by \$.22 per 15 minute unit and will be reimbursed as follows:

Private and Governmental Providers - Birth up to Age 3 - \$23.74

SC School for Deaf and Blind - Ages 3 through 6 - \$27.95

SC Department of Disabilities and Special Needs - Ages 3 through 6 - \$25.54

The SCDHHS will also provide a one-time supplemental payment by August 31, 2020 in an amount not to exceed \$100,000 to providers of Early Intervention/Family Training Services and Sign Language Services. The distribution of this supplemental payment is based on each provider's share of submitted claims for these services provided between January 1, 2020 and June 30, 2020.

Medicaid reimbursement rates for Family Training services and Sign Language services are established utilizing Medicare reasonable cost principles, as well as criteria outlined under 45 CFR Part 75 and 42 CFR Part 413. Costs reimbursable in the rates for Family Training services and Sign Language Services include but are not limited to:

1. Personnel costs- the salary and fringe benefit costs associated with direct line staff, meeting credentialing requirements, providing the services in the community mental health centers,
2. Clinical supervision- the salary and fringe benefit cost associated with the Clinical supervision of these services,
3. Supplies- material and supply costs that are required for direct services to patients,
4. Training and travel- training and associated travel expenses that directly relate to maintaining certification, qualifications, or licensure required to render contracted mental health services but not to obtain their initial certification,
5. Indirect Costs- as determined by the application of the provider's federally approved indirect cost rate, federally approved indirect cost plan, or step down allocation as applicable.

SC 20-0001  
EFFECTIVE DATE: 07/01/20  
RO APPROVAL: 09/04/20  
SUPERSEDES: SC 12-026