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

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 (Separated Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 441.100

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A, page 6
Attachment 3.1-A Limitation Supplement, page 6e

7. FEDERAL BUDGET IMPACT:
   a. FFY 2014  $282,000
   b. FFY 2015  $1,130,000

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
   Attachment 3.1-A, page 6
   Attachment 3.1-A Limitation Supplement, page 6e

10. SUBJECT OF AMENDMENT: Inpatient Psychiatric Hospital Coverage for 65+ Medicaid Individuals

11. GOVERNOR’S REVIEW (Check One):
    ☑ OTHER, AS SPECIFIED:
    Mr. Keck was designated by the Governor to review and approve all State Plans

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:

   Anthony E. Keck
   Director
   May 29, 2014

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:
   May 29, 2014

17. DATE RECEIVED:
   05/30/14

18. DATE APPROVED:
   03/25/19

19. EFFECTIVE DATE OF APPROVED MATERIAL:
   07/01/14

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
    Shantrina D. Roberts

22. TITLE:
    Deputy Director
    Division of Medicaid Field Operations-South

23. REMARKS:

FOR REGIONAL OFFICE USE ONLY

PLAN APPROVED – ONE COPY ATTACHED
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.
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 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,