

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



Atlanta Regional Operations Group

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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](mailto:Maria.Drake@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink that reads "Shantrina D. Roberts".

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 (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 441.100

7. FEDERAL BUDGET IMPACT:  
a. FFY 2014 \$282,000  
b. FFY 2015 \$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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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 (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):

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

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:



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

**FOR REGIONAL OFFICE USE ONLY**

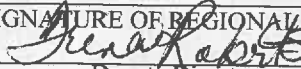
17. DATE RECEIVED: 05/30/14

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:



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

TN No. SC 11-020

Approval Date 03/25/19

Effective Date 07/01/14

- 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 resided, 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,

SC 14-007  
EFFECTIVE DATE: 07/01/14  
RO APPROVAL:03/25/2019  
SUPERSEDES: SC 13-007