

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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August 14, 2024

Robert M. Kerr, Director  
South Carolina Department of Health & Human Services  
P.O. Box 8206  
Columbia, SC 29202-8206

Re: South Carolina State Plan Amendment (SPA) 24-0003

Dear Director Kerr:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (24-0003). This amendment proposes to update the description of physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders to align with 42 CFR 440.110. It will also add coverage for medically necessary audiological services for members with full benefits who are ages 21 years and older.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 1905(a)(4)(B); 1905(a)(11); 42 CFR 440.40; 440.110; 441 Subpart B. This letter informs you that South Carolina's Medicaid SPA 24-0003 was approved on August 13, 2024, effective January 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the South Carolina State Plan.

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at [Etta.Hawkins@cms.hhs.gov](mailto:Etta.Hawkins@cms.hhs.gov).

Sincerely,



A handwritten signature in blue ink, appearing to read "James G. Scott", is positioned above the printed name and title.

Digitally signed by James G. Scott -S  
Date: 2024.08.14 12:32:16 -05'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Shelia Chavis  
Margaret Alewine

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <div style="text-align: center;">2 4 — 0 0 0 3</div>	2. STATE <div style="text-align: center;">S C</div>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <div style="text-align: center;"><input checked="" type="radio"/> XIX <input type="radio"/> XXI</div>	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">January 1, 2024</div>	
		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2024 \$ 2,227,839 b FFY 2025 \$ 2,976,432	
5. FEDERAL STATUTE/REGULATION CITATION 1905(a)(4)(B); 1905(a)(11); 42 CFR 440.40; 440.110; 441 Subpart B			
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 3.1-A Limitation Supplement, Pages 1b, 1b.1, 1b.2, 1b.3, 5a.1, <del>5a.2</del>  (Please note pages 1b.4 through 1b.6 will be deleted from the State Plan due to deletion of language)		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Attachment 3.1-A Limitation Supplement, Pages 1b, 1b.1, 1b.2, 1b.3, 1b.4, 1b.4a, 1b.4b, 1b.4c, 1b.4d, 1b.4e, 1b.5, 1b.6, 5a.1, 5a.2	
9. SUBJECT OF AMENDMENT This SPA will update the description of physical therapy, Occupational therapy, and services for individuals with speech, hearing and language disorders to align with 42 CFR 440.110 and will add coverage for medically necessary audiological services for members with full benefits who are ages 21 years and older.			
10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <div style="text-align: right;"><input checked="" type="radio"/> OTHER, AS SPECIFIED:</div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206	
12. TYPED NAME Robert M. Kerr			
13. TITLE Director			
14. DATE SUBMITTED February 16, 2024			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED February 22, 2024		17. DATE APPROVED August 13, 2024	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024		19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2024.08.14 12:32:43 -05'00'	
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott		21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations	
22. REMARKS  8-12-24: SC authorized pen and ink changes for the following: Block 7 - strikethrough 5a.2, will be deleted from the State Plan due to deletion of language.			

The nursing facility must provide any item or service under 42 CFR Part 483 Subpart B, to meet federal Conditions of Participation requirements for participation and general provisions for nursing facility services for individuals age 21 and older (other than services in an institution for mental disease) at 42 CFR 440.40(a). In accordance with 42 CFR 483.10(f)(11), the nursing facility must not charge the patient for the following services and items:

- A. Nursing Services - As required in 42 CFR 483.35.
- B. Food and Nutrition services - A nourishing, palatable, well-balanced diet as required in 42 CFR 483.60 and that meets the resident's daily nutritional and special dietary needs, taking into consideration the preferences of each resident. - .
- C. An Activities program as required in 42 CFR 483.24(c).
- D. Room/Bed Maintenance Services - Services as required in 42 CFR 483.10(f)(11)(i)(D).
- E. Personal Hygiene Items and Services - Items and services as required in 42 CFR 483.10(f)(11)(i)(E) to meet the needs of residents, including, but not limited to, hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, washcloths, hospital gowns, over the counter drugs, hair and nail hygiene services, bathing assistance, and basic personal laundry.
- F. Medically- related social services - Social Services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as required in 42 CFR 483.40(d).
- G. Hospice Services - Hospice services elected by the resident, as required in 42 CFR 483.10(f)(11)(i)(g).

4.b EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT). The EPSDT program offers special medical services to Medicaid recipients under the age of twenty-one. EPSDT services include dental, vision, hearing services and general health screening. EPSDT services are offered in addition to medically necessary services available to all Medicaid recipients.

**4.b EPSDT cont.**

The State assures that this provision of EPSDT will not restrict an individual's free choice of providers in violation of 1902 (a) (23) of the Act.

1. Eligible recipients will have free choice of providers of EPSDT services. They will have the freedom of choice to switch providers if and when they desire.
2. Eligible recipients will have free choice of providers under other medical care under the State Plan. Providers will assure that freedom of choice of physicians and other medical care providers are maintained at all times.

Assurance 1905(a) Services: The state assures that EPSDT eligible clients have access to Section 1905(a) services not specifically listed in the state plan when they are medically necessary. Services provided as described in Section 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions not specified in the state plan will be provided if determined to be medically necessary by the appropriate agency staff. Any services beyond the limitations noted in the State Plan must be available based on a medical necessity determination.

**Psychological Evaluation and Testing Services:** In accordance with 42 CFR 440.130(d), Psychological Testing and Evaluation recommended by a physician or other licensed practitioner of the hearing arts, within the scope of his practice under State law, includes evaluation of the intellectual, emotional, and behavioral status and any resulting distress and/or dysfunction. Service components include screening, diagnostic interview, testing and/or assessment.

Providers of Psychological Evaluation and Testing Services include:

**Psychologist** is an individual that holds a doctoral degree in psychology from an accredited college or university, and has a valid and current state license as a Ph.D. or Psy. D. with a specialty in Clinical, Counseling, or School Psychology as approved by the SC State Board of Examiners in Psychology.

**School Psychologist I-**is an individual that is currently certified by the State Department of Education and holds a master's degree from a regionally or nationally accredited college/university with an advanced program for the preparation of school psychologists and qualifying score on the SC State Board of Education required examination.

**School Psychologist II-** is an individual that is currently certified by the State Department of Education and holds a specialist degree from a regionally or nationally accredited college/university with an advanced program for the preparation of school psychologists, and qualifying score on the SC State Board of Education required examination.

#### **4.b EPSDT cont.**

**School Psychologist III-** is an individual that is currently certified by the State Department of Education and holds a doctoral degree from a regionally or nationally accredited college/university with an advanced program for the preparation of school psychologists, qualifying score on the State Board of Education required examination, and completion of an advanced program approved for the training of school psychologists.

**Psycho-educational Specialist** is an individual that holds a (60 hour) master's degree plus 30 hours or a doctoral degree in school psychology from a regionally accredited institution approved by NASP or APA or its equivalent, certification by the South Carolina Department of Education as a school psychologist level II or III, two years experience as a certified school psychologist (at least one year of which is under the supervision of a licensed psycho-education specialist), and satisfactory score on the PRAXIS Series II exam. The SC Board of Examiners licenses this individual.

**Orientation and Mobility Services:** In accordance with 42 CFR 440.130(d), O&M services are provided to assist individuals who are blind and visually impaired to achieve independent movement within the home, school, and community settings. O&M Services utilize concepts, skills, and techniques necessary for a person with visual impairment to travel safely, efficiently, and independently through any environment and under all conditions and situations.

#### **Orientation and Mobility (O&M) Service Qualifications:**

- The service must be recommended by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law.
- The service must be provided for the maximum reduction of physical or mental disability and restoration of the individual to his or her best possible functional level.
- The service must be furnished by individuals working under a recognized scope of practice established by the state or profession.

#### **Specific services provided include:**

**Assessment:** An Orientation & Mobility Assessment is a comprehensive evaluation of the child's level of adjustment to visual impairment and current degree of independence with or without assistive/adaptive devices, including functional use of senses, use of remaining vision, tactile/Braille skills, and ability to move safely, purposefully, and efficiently through familiar and unfamiliar environments. Assessment must include a review of available medical history records, diagnostic testing and assessment, and written report with recommendations.

#### **4.b EPSDT Cont.**

**Reassessment:** An Orientation & Mobility Reassessment is an evaluation of the child's progress toward treatment goals and determination of the need for continued services. Reassessment may consist of a review of available medical history records and diagnostic testing and assessment, but must include a written report with recommendations. Reassessment must be completed at least annually but more often when appropriate.

**Services:** Orientation & Mobility Services is the use of systematic techniques designed to maximize development of a visually impaired child's remaining sensory systems to enhance the child's ability to function safely, efficiently, and purposefully in a variety of environments. O&M Services enable the child to improve the use of technology designed to enhance personal communication and functional skills such as the long cane, pre-mobility and adapted mobility devices, and low vision and electronic travel aids. O&M Services may include training in environmental awareness, sensory awareness, information processing, organization, route planning and reversals, and training in balance, posture, gait, and efficiency of movement. O&M Services may also involve the child in group-settings to increase their capacity for social participation, or provide adaptive techniques and materials to improve functional activities such as eating, food preparation, grooming, dressing, and other living skills.

**Providers of Orientation and Mobility services include:**

- **Orientation and Mobility (O&M) Specialist** is an individual who holds a current and valid certification in Orientation and Mobility from the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) or an individual who holds a current and valid certification in Orientation and Mobility from the National Blindness Professional Certification Board (NBPCB).

#### 11.a PHYSICAL THERAPY

##### Physical Therapy Services:

In accordance with 42 CFR 440.110(a), physical therapy means services prescribed by a Physician or other Licensed Practitioner of the Healing Arts (LPHA) within the scope of his or her practice under state law and provided to a beneficiary by or under the direction of a qualified Physical Therapist. It includes any necessary supplies and equipment.

- Eligible Medicaid beneficiaries may receive any medically necessary physical therapy services.

#### 11.b OCCUPATIONAL THERAPY

##### Occupational Therapy Services:

In accordance with 42 CFR 440.110(b)(1), Occupational Therapy means services prescribed by a Physician or other Licensed Practitioner of the Healing Arts within the scope of his or her practice under state law and provided to a beneficiary by or under the direction of a qualified Occupational Therapist. It includes any necessary supplies and equipment.

- Eligible Medicaid beneficiaries may receive any medically necessary occupational therapy services.

#### 11.c Speech-Language Pathology Services

**Speech-Language Pathology Services:** In accordance with 42 CFR 440.110(c)(1), Speech-Language Pathology Services include diagnostic, screening, preventive, or corrective services provided by or under the direction of a Speech-Language Pathologist, for which a patient is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law. It includes any necessary supplies and equipment.

- Eligible Medicaid beneficiaries may receive any medically necessary speech-language pathology services.

**Audiological Services:** In accordance with 42 CFR 440.110(c)(1), Audiological Services for individuals with hearing disorders means diagnostic, screening, preventive, or corrective services provided by or under the direction of an audiologist, for which a patient is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law. It includes any necessary supplies and equipment.

- Eligible Medicaid beneficiaries may receive any medically necessary audiological services.