

## **Table of Contents**

**State/Territory Name: SOUTH CAROLINA**

**State Plan Amendment (SPA) #: SC-24-0010**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

July 18, 2024

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

RE: TN SC-24-0010

Dear Director Kerr,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed South Carolina State Plan Amendment (SPA) to Attachment 4.19-B SC-24-0010, which was submitted to CMS on June 11, 2024. This plan amendment updates COLA (Cost-of-Living Adjustment) Increase.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of May 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

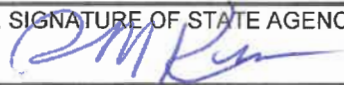
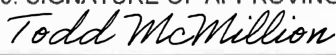
If you have any additional questions or need further assistance, please contact Ysabel Gavino via email at [maria.gavino@cms.hhs.gov](mailto:maria.gavino@cms.hhs.gov).

Sincerely,

*Todd McMillion*

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> — <u>0</u> <u>0</u> <u>1</u> <u>0</u>	2. STATE <u>S</u> <u>C</u>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE May 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 440		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>700,000</u> b. FFY <u>2025</u> \$ <u>700,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19-B page 2.a1, 2.a1.a  (Attachment 4.19-B page 2.a1.a is being deleted from the State Plan)		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Attachment 4.19-B page 2.a1	
9. SUBJECT OF AMENDMENT This SPA will update EI rates effective May 1, 2024 based upon a legislatively funded COLA increase for state fiscal year July 1, 2023 through June 30, 2024.			
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 <input checked="" type="radio"/> OTHER, AS SPECIFIED: Mr. Kerr was designated by the Governor to review and approve all State Plans.			
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 June 11, 2024			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED June 11, 2024		17. DATE APPROVED July 18, 2024	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL May 1, 2024		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion		21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review	
22. REMARKS			

- 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, 2023, the current reimbursement rates per 15 minute unit will be increased to account for the legislatively directed COLA increase of 5% and associated increases related to fringe benefit cost. Updated reimbursement rates are available at [www.scdhhs.gov](http://www.scdhhs.gov).

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.