

State/Territory: South Carolina

AMOUNT DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

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The following ambulatory services are provided.

\*Description provided on attachment.

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TN No. MA 92-023  
Supersedes \_\_\_\_\_ Approval Date 02/19/93 Effective Date 10/01/92  
TN No. MA 90-02 HCFA ID: 0140P/0102A

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S) \_\_\_\_\_

1. Inpatient hospital services other than those provided in an institution for mental diseases.
- Provided:             No limitations             With limitations\*
- 2.a. Outpatient hospital services.
- Provided:             No limitations             With limitations\*
- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic which are otherwise covered under the plan.
- Provided:             No limitations             With limitations\*
- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub.45-5).
- Provided:             No limitations             With limitations\*
3. Other laboratory and x-ray services.
- Provided:             No limitations             With limitations\*
- 4.a. Nursing facility Services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
- Provided:             No limitations             With limitations\*
- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*
- Provided:             No limitations             With limitations\*
- c. Family planning services and supplies for individuals of childbearing age.
- Provided:             No limitations             With limitations\*

\*Description provided on attachment

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

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5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided With limitations\*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided:  No limitations  With limitations\*

\*Description provided on attachment.

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TN No. MA 92-023

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Approval Date 2/19/93

Effective Date 10/01/92

TN No. MA 92-11

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

Provided:       No limitations       With limitations\*

b. Optometrists' Services

Provided:       No limitations       With limitations\*

c. Chiropractors' Services

Provided:       No limitations       With limitations\*

d. Other Practitioners' Services

Provided:       No limitations       With limitations\*

7. Home Health Services

a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided:       No limitations       With limitations\*

b. Home health aide services provided by a home health agency.

Provided:       No limitations       With limitations\*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided:       No limitations       With limitations\*

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided:       No limitations       With limitations\*

\*Description provided on attachment.

TN No. MA 92-023

Supersedes

TN No. MA 90-02

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HCFA ID: 0140P/0102A

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S) \_\_\_\_\_

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8. Private duty nursing services.

Provided:       No limitations       With limitations\*

9. Clinic services.

Provided:       No limitations       With limitations\*

10. Dental Services

Provided:       No limitations       With limitations\*

11. Physical therapy and related services.

a. Physical therapy.

Provided:       No limitations       With limitations\*

b. Occupational therapy.

Provided:       No limitations       With limitations\*

c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.

Provided:       No limitations       With limitations\*

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

Provided:       No limitations       With limitations\*

b. Dentures.

Provided:       No limitations       With limitations\*

\*Description provided on attachment.

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TN No. MA 92-023

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TN No. MA 90-02

HCFA ID: 0140P/0102A

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S) \_\_\_\_\_

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- c. Prosthetic devices
- Provided:       No limitations       With limitations\*
- d. Eyeglasses.
- Provided:       No limitations       With limitations\*
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.
- a. Diagnostic services.
- Provided:       No limitations       With limitations\*
- b. Screening Services.
- Provided:       No limitations       With limitations\*
- c. Preventive Services.
- Provided:       No limitations       With limitations\*
- d. Rehabilitative services.
- Provided:       No limitations       With limitations\*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.
- Provided:       No limitations       With limitations\*
- b. Skilled nursing facility services.
- Provided:       No limitations       With limitations\*

\*Description provided on attachment.

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TN No. MA 92-023

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TN No. MA 92-02

HCFA ID: 0140P/0102A

State/Territory: South Carolina

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED TO THE MEDICALLY NEEDY

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c. Intermediate care facility services.

// Provided // No limitation // With limitations\*

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

// Provided // No limitation // With limitations\*

b. Including such services in a public institution (or district part thereof) for the mentally retarded or persons with related conditions.

// Provided // No limitation // With limitations\*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

// Provided // No limitation // With limitations\*

17. Nurse-midwife services.

// Provided // No limitation // With limitations\*

18. Hospice care (in accordance with section 1905(o) of the Act).

/X/ Provided / X/ No limitation /X/ Provided in accordance with section 2302 of the Affordable Care Act

// With limitations\*

\*Description provided on attachment-

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SC No SC 12-023

Supersedes

SC No. MA 92-023

Approval Date 3-8-13

Effective Date 10/01/12

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S) \_\_\_\_\_

19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Provided:       No limitations       With limitations\*

20. Extended services for pregnant women.

a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60<sup>th</sup> day falls.

Provided:       Additional coverage<sup>++</sup>

b. Services for any other medical conditions that may complicate pregnancy.

Provided:<sup>+</sup>       Additional coverage<sup>++</sup>       Not provided

21. Certified pediatric or family nurse practitioners' services.

Provided:       No limitations       With limitations\*  
 Not provided:

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\*Description provided on attachment.

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TN No. MA 92-023  
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TN No. MA 92-07      HCFA ID: 7986E

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUPS \_\_\_\_\_

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22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the ACT).

Provided:             No limitations             With limitations\*

Not provided:

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

Provided:             No limitations             With limitations\*

a. Transportation.

Provided:             No limitations             With limitations\*

b. Services of Christian Science nurses.

Provided:             No limitations             With limitations\*

c. Care and services provided in Christian Science sanatoria.

Provided:             No limitations             With limitations\*

d. Skilled nursing facility services provided for patients under 21 years of age.

Provided:             No limitations             With limitations\*

e. Emergency hospital services.

Provided:             No limitations             With limitations\*

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.

Provided:             No limitations             With limitations\*

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HCFA ID: 1042P/0016P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

SOUTH CAROLINA DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

- a 1. Transportation
  - No limitations
  - With limitations
- a 2. Brokered Transportation
  - Provided under section 1902(a)(70)

The State assures it has established a non-emergency medical transportation program in order to more cost-effectively provide transportation, and can document, upon request from CMS, the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(f).

(1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a);

- (1) statewideness (indicate areas of State that are covered)
- (10)(B) comparability (indicate participating beneficiary groups)
- (23) freedom of choice (indicate mandatory population groups)

(2) Transportation services provided will include:

- wheelchair van
- taxi
- stretcher car
- bus passes
- tickets
- secured transportation
- such other transportation as the Secretary determines appropriate (please describe)

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TN No. New Page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

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- (3) The State assures that transportation services will be provided under contract with a broker who:
- (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;
  - (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transport personnel are licensed, qualified, competent, and courteous;
  - (iii) is subject to regular auditing and oversight by the State in order to ensure the quality of the transportation services provided and the adequacy of beneficiary access to medical care and services;
  - (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate);
- (4) The broker contract will provide transportation to the following medically needy populations under section 1905(a)(i) - (xiii):
- Under age 21, or under age 21, 19, or 18 as the State may choose
  - Relatives specified in section 406(b)(1) with whom a child is living if child is a dependent child under part A of title IV
  - Aged (65 years of age or older)
  - Blind with respect to States eligible to participate, under title XVI
  - Permanently or totally disabled individuals 18 or older, under title XVI
  - Persons essential to recipients under title I, X, XIV, or XVI
  - Blind or disabled as defined in section 1614 with respect to States not eligible to participate in the State plan program under title XVI
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TN No. New Page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

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- Pregnant women
- Individuals provided extended benefits under section 1925
- Individuals described in section 1902(u)(1)
- Employed individuals with a medically improved disability (as defined in section V)
- Individuals described in section 1902(aa)
- Individuals screened for breast or cervical cancer by CDC program
- Individuals receiving COBRA continuation benefits.

(5) The State will pay the contracted broker by the following method:

- (i) risk capitation
- (ii) non-risk capitation
- (iii) other (e.g., brokerage fee and direct payment to providers)

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUPS

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24. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

Provided:       Not Provided

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