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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: 21-0014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

February 8, 2022

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

Re: South Carolina State Plan Amendment 21-0014

Dear Mr. Kerr:

We reviewed your proposed Medicaid State Plan Amendment, SC 21-0014, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 22, 2021. This amendment proposes to update the Durable Medical Equipment (DME) definition to CFR 42 §440.70(b)(3).

CMS approved SC 21-0014 on February 3, 2022, with an effective date of October 1, 2021.

If you have any questions regarding this amendment, please contact William Pak at (404) 562-7407 or via email at William.Pak@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations
Medicaid and CHIP Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 21-0014	2. STATE South Carolina
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2021	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §440.70(b)(3)		7. FEDERAL BUDGET IMPACT: a. FFY 2022 \$1,154,250 @76.95% b. FFY 2023 \$1,061,250 @70.75%	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Limitation Supplement page, 4c		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A Limitation Supplement page, 4c	
10. SUBJECT OF AMENDMENT: This plan amendment will update the DME definition to “medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place, as defined at § 440.70(c)(1)” in the State Plan.			
11. GOVERNOR’S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR’S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR’S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Mr. Kerr was designated by the Governor to review and approval 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: Robert M. Kerr			
14. TITLE: Director			
15. DATE SUBMITTED: November 16, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: November 22, 2021		18. DATE APPROVED: February 3, 2022	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2021		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	
23. REMARKS:			

The services are based on physician orders that are reviewed every sixty (60) days. The home health agency must be certified to participate under Title XVIII (Medicare), meet the conditions governing participation as certified by the South Carolina Department of Health and Environmental Control, and have an approved Certificate of Need (CON). The home health agency must also be in compliance with all federal, state, and local laws.

Home health services provided are consistent with 42 CFR 440.70 and include the following mandatory services: skilled nursing services on an intermittent basis, home health aide services and medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place, as defined at §440.70(c)(1). Optional home health services that may be provided include: physical therapy, speech therapy and occupational therapy.

Covered services must be ordered by the beneficiary's physician as part of a written plan of care consistent with the functions the practitioner is legally authorized to perform. The practitioner must review and sign this plan of care at least every sixty (60) days as stated in 42 CFR 440.70 (a)(2). The practitioner ordering home health services or reviewing the plan of care may not have a significant ownership interest in or a significant financial or contractual relationship with the home health agency.

COVERED SERVICES INCLUDE:

- **NURSING SERVICES:** Nursing services provide direct patient care including, but not limited to, assessment, teaching, injections, changing dressings, catheter care, and skilled monitoring of symptoms. As stated in 42 CFR 440.70, nursing services must be provided on a part-time or intermittent basis by a registered nurse. The nurse must be currently licensed by South Carolina and trained in administrative and clinical record keeping.
- **HOME HEALTH AIDE SERVICES:** Home health aide services are of a personal care nature, are medically oriented, are provided in the home, and include assistance in activities of daily living and retaining self-help skills. These services must be prescribed by a physician in accordance with a plan of care and supervised by a registered nurse. As stated in 42 CFR 484.4, all home health aides must have completed a training and competency evaluation program.
- **MEDICAL SUPPLIES, EQUIPMENT AND APPLIANCES:** As stated in 42 CFR 440.70 (b)(3), medical supplies, equipment, and appliances must be suitable for use in any setting in which normal life activities take place, as defined at §440.70(c)(1). A recipient's need for medical supplies, equipment, and appliances must be reviewed by a physician annually. The frequency of further physician review of a recipient's continuing need for the items is determined on case-by-case basis, based on the nature of the item prescribed.
- **PHYSICAL THERAPY, OCCUPATIONAL THERAPY, and SPEECH THERAPY:** Physical therapy, occupational therapy, or speech pathology services are provided by a home health agency or by a facility licensed by the State of South Carolina to provide medical rehabilitation services. Therapists providing these services meet the provider qualifications at 42 CFR 440.110.