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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: 12-023

This file contains the following documents in the order listed:

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

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



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

March 11, 2013

Mr. Anthony E. Keck
Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

RE: South Carolina (SC) Title XIX State Plan Amendment (SPA), Transmittal # SC 12-023

Dear Mr. Keck:

We have reviewed the proposed South Carolina State Plan Amendment (SPA) 12-023, which was submitted to the Atlanta Regional Office on December 28, 2012. This amendment will provide reimbursement for hospice services to children under 21 years of age in conjunction with curative treatment of the child's terminal illness. Specifically, children eligible for Medicaid and Medicaid expansion CHIP programs will no longer have to forgo any other services to which the child is entitled under Medicaid treatment of the terminal condition.

During the corresponding reimbursement review of SC 12-023, CMS noted that reimbursement methodologies associated with this submission are currently being evaluated for comprehensiveness under pending SPA SC 12-001. As these concerns will be resolved via SC 12-001, further analysis of the above issues was not conducted under this SPA.

Based on the information provided, the Medicaid State Plan Amendment SC 12-023 was approved on March 8, 2013. The effective date of this amendment is October 1, 2012. We are enclosing the approved HCFA-179 and the 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.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
SC 12-023

2. STATE
South Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
October 1, 2012

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:
ACA Section 2302 amends Sections 1905 (o)(1) and 2110(a)(23) of
SSA

7. FEDERAL BUDGET IMPACT: (\$.42 x 7043)

a. FFY 2013 \$3 million
b. FFY 2014 \$3 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 7
Attachment 3.1-B, Page 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A, Page 7
Attachment 3.1-B, Page 6

10. SUBJECT OF AMENDMENT:
Hospice Concurrent Care for Children

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 approval all state plans.

12. SIGNATURE OF STATE AGENCY OFFICIAL:
//s//

13. TYPED NAME:
Anthony E. Keck

14. TITLE:
Director

15. DATE SUBMITTED: 12-20-12

16. RETURN TO:
South Carolina Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
12/28/12

18. DATE APPROVED: 03-08-13

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
10/01/12

20. SIGNATURE OF REGIONAL OFFICIAL:
//s//

21. TYPED NAME:
Jackie Glaze

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children Health Opns

23. REMARKS:

State/Territory South Carolina

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

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 limitations

☒ With limitations* ☐ Not Provided:

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

☒ Provided ☐ No limitations

☒ With limitations* ☐ Not Provided:

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

☒ Provided ☐ No limitations

☒ With limitations* ☐ Not Provided:

17. Nurse-midwife services

☒ Provided ☐ No limitations

☒ With limitations* ☐ Not Provided:

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

☒ Provided ☒ No limitations ☒ Provided in accordance with section 2302
of the Affordable Care Act

☐ With limitations* ☐ Not Provided:

*Description provided on attachment

SC No. SC 12-023

Supercedes

SC No. MA 95-011

Approval Date 3-8-13 Effective Date 10/1/12

State/Territory: South Carolina

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

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-

SC No. SC 12-023
Supersedes
SC No. MA 92-02

Approval Date 3-8-13

Effective Date 10/01/12