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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: 13-0019-MM4

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) 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

February 18, 2014

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

Attention: Sheila Chavis

RE: A1, A2 and A3 – Single State Agency State Plan Amendment (SPA), SC-13-0019-MM4

Dear Mr. Keck:

Enclosed is an approved copy of South Carolina's state plan amendment (SPA) 13-0019-MM4, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 18, 2013. SPA 13-0019-MM4 establishes the single state agency and entities responsible for determinations of eligibility and appeals/fair hearings in accordance with the Affordable Care Act. This SPA was approved on February 12, 2014. The effective date of this SPA is January 1, 2014.

Enclosed is a copy of the new state plan pages and attachments to be incorporated within a separate section at the back of South Carolina's approved state plan, as well as a summary of the state plan pages which are superseded by SPA 13-0019-MM4, which should be incorporated into a separate section in the front of the state plan.

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Maria Drake, at either 404-562-3697 or by email at Maria.Drake@cms.hhs.gov.

Sincerely,

//s//

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

Enclosures

Medicaid State Plan Eligibility: Summary Page (CMS 179)

- State/Territory name:

South Carolina

- Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

SC-13-001

- Proposed Effective Date**

10/01/2013 (mm/dd/yyyy)

- Federal Statute/Regulation Citation**

42 CFR 43

- Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

- Subject of Amendment**

Character Count: out of 2000

A1=Designation and Authority	
A2= Organization and Administ	
A3= Assurances	

- **Governor's Office Review**

- ☐ Governor's office reported no comment
- ☐ Comments of Governor's office received

Describe:

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- ☐ No reply received within 45 days of submittal
- ☐ Other, as specified

Describe:

Character Count: out of 2000

Mr. Anthony E. Keck was desig	
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- **Signature of State Agency Official**

- Submitted By:

Sheila Chavis

- Last Revision Date:

Feb 11, 2014

- Submit Date: Nov 18, 2013

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER: SC-0019-MM4	STATE: South Carolina	
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: A1 – A3	COMPLETE PAGES SUPERSEDED: Page 1 Section 1.1 (pages 2-6) Section 1.2 (page 7) Section 1.3 (page 8) Attachment 1.1-A (pages 2-6) Attachment 1.2-A (Organizational chart) Attachment 1.2-B (Description of the functions of the single state agency) Attachment 1.2-C (Description of professional medical and supporting staff)	PARTIAL PAGES SUPERSEDED: Section 1.4 (page 9) (State Medical Care Advisory Committee section only. Tribal consultation will remain in the state plan.)



Medicaid Administration

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

State Plan Administration Designation and Authority

A1

42 CFR 431.10

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- ☐ Title IV-A Agency
☒ Health
☐ Human Resources
☐ Other

Type of Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

☐ Yes ☒ No

☒ The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

☒ Yes ☐ No



Medicaid Administration

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- ☒ The Medicaid agency
- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- ☒ The Medicaid agency
- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☒ The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- ☒ Medicaid agency
- ☐ Title IV-A agency
- ☐ An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- ☒ Medicaid agency
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☐ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

☐ Yes ☒ No

State Plan Administration Organization and Administration

A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

SCDHHS is authorized under State Law to perform statewide health planning and be the single State Agency administering Medicaid. The purpose of SCDHHS is to develop a unified system of planning, financing and administering of the Medicaid program and to assure that essential services provided by the program are delivered in the most effective and efficient manner. SCDHHS mission is to purchase the most health for our citizens in need at the least possible cost to the taxpayer.

With specific regard to administration of Medicaid, DHHS intends to:

TN No: 13-0019-MM4
South Carolina

Approval Date: 02-12-14
A-2

Effective Date: 10/01/13



Medicaid Administration

- Succeed financially
- Innovate and be flexible to change
- Excel operationally
- Achieve quality health outcomes.

Following is a description of the organization of SCDHHS:

Director: The Director's function is to ensure the coordinated, economical, efficient delivery of Medicaid health services to eligible South Carolinians. The Director serves as the chief administrative officer and has the responsibility of executing policies, directives and actions of the Department, either personally or by issuing appropriate directives to Department employees. The Director has the sole authority to employ and discharge Department employees subject to such personnel policies and funding available for that purpose. The SCDHHS Director is appointed by the Governor and confirmed by the Senate.

Office of the Chief of Staff: The Chief of Staff has the overall responsibility for the coordination of agency functions, including the establishment of goals, performance monitoring and general supervision.

The basic functions are to establish goals in broad terms, suggest initiatives, monitor performance and furnish general supervision. The Chief of Staff will also oversee the legislative and communications functions of the agency.

Office of General Counsel: The General Counsel provides legal representation for the Department in actions in the state and federal courts and administrative hearings. This office also renders legal advice and opinions concerning administration of Medicaid, including the drafting and interpretation of statutes and regulations. The Office of Compliance and Performance Review, which performs internal and external audits, is also under the supervision of the General Counsel.

Office of Operations and Information Management: The Deputy Director of Operations and Information Management oversees the Agency's eligibility policy and operations, claims operations and provider relations, project management, information technology and human resources administration. Eligibility, Enrollment and Member Services, which oversees Medicaid Eligibility is part of this office. The agency makes determinations for all eligibility groups, except for Supplemental Security Income recipients as described below. The Director for Eligibility, Enrollment and Member Services reports to the Deputy Director of Operations and Information Management.

Office of Fiscal Management and Administration (CFO): The Deputy Director of Fiscal Management and Administration manages the financial, budget and administrative operations for South Carolina's \$6 billion Medicaid program; works to ensure the accuracy and efficiency of the strategic planning and budgeting forecasting process and program monitoring. The Bureau of Third Party Liability and Appeals houses fair hearings functions. The Director of this Bureau reports to the Deputy Director of Finance and Administration. The Bureau of Third Party Liability and Appeals issues decisions. There is no review within the agency. If the Petitioner OR Respondent does not agree with the decision it can be appealed to court.

Office of Health Programs: The Deputy Director for Health Programs oversees both the managed care and the medical services sections of the agency including physicians, hospitals, pharmacy, durable medical equipment, dental, transportation, managed care and medical support services. This team focuses on health outcomes, quality patient care, contract management and the development of innovative programs and policies that improve the overall health of our beneficiaries and the citizens of South Carolina.

Office of Behavioral Health and Long Term Care: The Deputy Director for Behavioral Health and Long Term Care , guides the long term care and behavioral health policies as SCDHHS transforms these critical services and systematically integrates community long term care, including nursing homes, and behavioral health with primary care services.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.



Medicaid Administration

Under the South Carolina Constitution, the Governor is the head of government, serving as the chief executive of the South Carolina executive branch. The Governor appoints directors to 14 cabinet agencies, who are shared with the General Assembly and approved by the Senate. The other state social service cabinet agencies include: Department of Alcohol and Other Drug Abuse Services; Department of Social Services; and Department of Mental Health.

In an effort to efficiently utilize community resources, SCDHHS has entered into agreements with other agencies, including SCVRD, SCDHEC, SCCB, HeadStart, HUD, SCDSS, and SCDMH and SC DDSN to exchange services and enforce a cooperative agency relationship. The purpose of the agreements is to clarify the roles of the agencies, prevent duplication of services, improve communication, and ensure effective and efficient health care services.

SCDHHS and the South Carolina Vocational Rehabilitation Department (SCVRD) entered into an agreement with the purpose of creating a cooperative relationship between the two agencies. SCDHHS and SCVRD agreed to use the facilities of each agency for rehabilitating applicants and Medicaid beneficiaries, collaborate on cases and share information about clients, and respect the confidential nature of information by either agency. SCDHHS makes provisions for early access to medical and remedial care available through Medicaid, and provides for early identification and referral of vocational rehabilitation clients. SCVRD helps identify children who are enrolled in their programs and are eligible for Medicaid and the Early Periodic Screening and Diagnosis Treatment Program (EPSDT). SCDHHS accepts the referrals, determines the children's eligibility, assists the parents in scheduling a screening appointment if requested, and notifies SCVRD of any missed screening appointments. SCVRD provides medical transportation to and from the screening facility for EPSDT children enrolled in their programs.

SCDHHS and the South Carolina Department of Health and Environmental Control (SCDHEC) have entered into several agreements to provide services to beneficiaries. These services include Family Planning Services, Physician Services, Home Health Services, and EPSDT. Both agencies have agreed to collaborate to improve the health status of Medicaid eligible children with elevated blood lead levels, and SCDHEC has agreed to provide hearing aids to Medicaid recipients under the age of 21. SCDHEC is also required to survey and certify skilled nursing facilities for compliance with Federal standards for participation with Medicaid.

SCDHHS and the SC Commission for the Blind (SCCB) have agreed to engage in an exchange of services. In an effort to grant disabled persons opportunities for rehabilitation and assistance, each agency shares information regarding clients and programs, makes joint referrals, and respects the confidential nature of information available by either agency. SCDHHS has agreed to work with SCCB to ensure that Medicaid is used as a resource to service eligible clients who are being served by the SCCB.

SCDHHS and Head Start are both concerned with the early detection and treatment of childhood illnesses and disabilities. Many children enrolled in Head Start are also eligible for EPSDT services through Medicaid. The agencies are committed to communicating clearly with each other to ensure each child receives the health care they require. Head Start helps identify children in its program who are eligible for Medicaid services, explains the EPSDT Program to the children's parents, and notifies SCDHHS of its findings. SCDHHS processes the child's application and makes an eligibility determination. Upon request, SCDHHS schedules a screening appointment, and notifies Head Start of the appointment and the child's transportation arrangement. Head Start offers transportation to children enrolled in Medicaid when resources are available.

SCDHHS and the Department of Housing and Urban Development (HUD) are concerned with the early detection and treatment of illnesses and disabilities. Many children living in public housing are entitled to EPSDT services through Medicaid. HUD helps to identify children living in public housing who are eligible for Medicaid services, informs the children's parents about the EPSDT Program, and provides a list of children presumed eligible for EPSDT to SCDHHS. HUD encourages local housing authorities to provide medical transportation for EPSDT children living in public housing. SCDHHS accepts the list of referrals, and determines which children are eligible for EPSDT. Upon request, SCDHHS will assist the children's parents with scheduling a screening appointment and arranging transportation to and from the screening facility. If requested, SCDHHS will notify HUD of children who have missed screening appointments.

SCDHHS and the South Carolina Department of Social Services (SCDSS) work cooperatively to provide necessary and appropriate medical services to children in foster care. SCDSS has collaborated with DHHS to establish a medical home led by a primary care physician (PCP) with the goal of promoting better health outcomes for children in foster care. All children in foster care now have a medical home in which they receive ongoing primary care, timely referrals to appropriate specialty care, and periodic reassessments of their health. In addition, children in foster care benefit from expedited Medicaid eligibility upon first entering SCDSS foster care, and SCDSS provides Medicaid eligibility information to foster care youth regarding continued



Medicaid Administration

coverage until 21 years of age. SCDHHS also has an automated monthly data match with the SCDSS to identify children not currently receiving Medicaid, but who are receiving Supplemental Nutrition Assistance Program (SNAP) and/or Family Independence (FI). This process is known as Express Lane Eligibility (ELE). Children who are not on Medicaid and receiving SNAP and/or FI are automatically eligible for Medicaid under Partners for Healthy Children (PHC).

SCDHHS and the South Carolina Department of Mental Health (SCDMH) share an expense agreement, allowing SCDMH to deploy entitlement specialists throughout the mental health system to ensure that clients are eligible and enrolled, or offered the opportunity to enroll, in Medicaid. This method provides an optimized environment for the client to acquire necessary enrollment information at the time of service. In addition, the two agencies collaborate to relieve overcrowding of psychiatric patients in local hospital emergency departments. The SCDMH Telepsychiatry Program provides 24/7 behavioral health consulting services to hospital emergency departments on a state-wide basis. The mission of the Program is to develop a telepsychiatry consultation system that provides best practice consultations in emergency departments throughout South Carolina.

SCDHHS and the South Carolina Department Disabilities and Special Needs (SCDDSN) offer Home and Community Based (HCB) Waiver Services. SCDHHS, through its Community Long Term Care (CLTC) Division, administers HCB Waivers to serve the elderly and disabled (Community Choices Waiver), people with HIV or AIDS (HIV/AIDS Waiver), and adults who are dependent on a life support system (Ventilator Dependent Waiver). In addition, SCDHHS partners with SCDDSN to offer waivers to serve people with head or spinal cord injuries (HASCI Waiver), people with intellectual disabilities or related disabilities (ID/RD Waiver), and people with pervasive developmental disorders (PDD Waiver). SCDHHS and SCDDSN offer the Community Supports Waiver as an option, which allows individuals with intellectual disabilities or related disabilities to choose to receive care at home rather than in an Intermediate Care Facility for Persons with Intellectual Disabilities (IFC/ID).

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☒ The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Social Security Administration is responsible for making eligibility determinations for Supplemental Security Income (SSI) recipients. The South Carolina Department of Health and Human Services is responsible for certifying the Medicaid eligibility of SSI recipients by issuing a Medicaid Identification Card to the recipient for information transmitted through the State Data Exchange (SDX) System. Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☐ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.



Medicaid Administration

	Add
<p>Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)</p> <p>Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	
State Plan Administration	A3
Assurances	
<p>42 CFR 431.10 42 CFR 431.12 42 CFR 431.50</p>	
<p>Assurances</p> <p><input checked="" type="checkbox"/> The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.</p> <p><input checked="" type="checkbox"/> All requirements of 42 CFR 431.10 are met.</p> <p><input checked="" type="checkbox"/> There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.</p> <p><input checked="" type="checkbox"/> The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.</p> <p>Assurance for states that have delegated authority to determine eligibility:</p> <p><input type="checkbox"/> There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).</p> <p>Assurances for states that have delegated authority to conduct fair hearings:</p> <p><input type="checkbox"/> There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).</p> <p><input type="checkbox"/> When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.</p> <p>Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:</p> <p><input checked="" type="checkbox"/> The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.</p>	

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130917

TN No: 13-0019-MM4
South Carolina

Approval Date: 02-12-14
A-6

Effective Date: 10/01/13