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**State/Territory Name: South Carolina**

**State Plan Amendment (SPA) #: 13-004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion letter
- 3) CMS 179 Form
- 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**

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September 15, 2015

Mr. Christian L. Soura, Director  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment, SC 13-004

Dear Mr. Soura:

We have reviewed the proposed State Plan Amendment, SC 13-004, which was submitted to the Atlanta Regional Office originally on March 29, 2013. This state plan amendment adds substance abuse outpatient and residential treatment services for adults and children to the South Carolina rehabilitative services benefit and proposes bundled rates for these services.

Based on the information provided, the Medicaid State Plan Amendment SC 13-004 was approved on September 15, 2015. The effective date of this amendment is February 1, 2013. We are enclosing the approved HCFA-179 and the plan pages.

A companion letter is also being issued with this approval to address concerns related to the "Rehabilitative Services for Primary Care Enhancement" (RSPCE) on pages 6.c27 and 6d of Attachment 3.1-A, Limitation Supplement.

If you have any additional questions or need further assistance, please contact Maria Drake at (404) 562-3697 or [Maria.Drake@cms.hhs.gov](mailto:Maria.Drake@cms.hhs.gov).

Sincerely,

//s//

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

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
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September 15, 2015

Mr. Christian L. Soura, Director  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment (SPA), SC 13-004 Companion Letter

Dear Mr. Soura:

This letter is being sent as a companion to our approval of South Carolina State Plan Amendment (SPA) 13-004 that was submitted to add substance abuse outpatient and residential treatment services for adults and children to the South Carolina rehabilitative services benefit. This amendment proposes bundled rates for these services.

The Centers for Medicare & Medicaid Services (CMS) has the following concerns related to our review of SC SPA 13-004 which included an analysis of "Rehabilitative Services for Primary Care Enhancement" (RSPCE) on pages 6.c27 and 6d of Attachment 3.1-A, Limitation Supplement. Based on our review, we determined that approval of this service was not integral to the approval of the SPA, but also that the RSPCE program is not in compliance with current regulations, statute, or CMS guidance.

Section 1902(a) of the Social Security Act (the Act) requires that states have a state plan for medical assistance that meets certain federal requirements that set out a framework for the state program. Implementing regulations at 42 CFR 430.10 require that the state plan be a comprehensive written statement describing the nature and scope of the state's Medicaid program and that it contain all information necessary for CMS to determine whether the plan can be approved to serve as the basis for Federal financial participation (FFP) in the state program. The RSPCE program appears to be a disease management program that should be moved to the preventive services benefit and as such, must comply with regulations at 42 CFR 440.130(c) and the related guidance in section 4385 of the State Medicaid Manual that govern the preventive services benefit; or the requirements of the other licensed practitioners benefit under 42 CFR 440.60(d). All services must also meet the state plan requirements for statewideness at section 1902(a)(1) of the Social Security Act (Act), free choice of providers at section 1902(a)(23) of the Act, and comparability at section 1902(a)(10)(B) of the Act. If

the State is unable to meet all the requirements for retaining the RSPCE program in the state plan, then the State should consider using the section 1915(b) waiver authority or the section 1932(a) state option for managed care. The State Medicaid Director Letter #04-002 contains guidance about Disease Management Programs and applicable authorities and can be found at this link:

<http://www.medicaid.gov/Federal-Policy-Guidance/downloads/smd022504.pdf>

Within 90 days of the date of this letter, the state is required to submit a State plan amendment that resolves the issues, or a corrective action plan to resolve the issues, whichever is most appropriate. During the 90-day period, CMS is available to provide technical assistance to the state. State plans that are not in compliance with the requirement referenced above are grounds for initiating a formal compliance process.

If you have any questions regarding this amendment, please contact Maria Drake at (404) 562-3697.

Sincerely,

//s//

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

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 13-004	2. STATE South Carolina
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE February 2, 2013	
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: In accordance with federal regulations (42 CFR 440.130)		7. FEDERAL BUDGET IMPACT: a. FFY 2013                      \$3.0 million FFP b. FFY 2014                      \$4.5 million FFP	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A Limitation Supplement, pages: 6b, 6c, 6c.1, 6c.2, 6c.3, 6c.4, 6c.5, 6c.6, 6c.7, 6c.8, 6c.9, 6c.10, 6c.11, 6c.12, 6c.13, 6c.14, 6c.15, 6c.16 & 6c.17 Attachment 4.19-B, pages: 6.1e, 6.1e.a, 6.1e.b, 6.1e.c, 6.1e.d & 6.1f		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Attachment 3.1-A Limitation Supplement, pages: 6b, 6c, 6c.1, 6c.2, 6c.3, 6c.4, 6c.5, 6c.6, 6c.7, 6c.8, 6c.9, 6c.10, 6c.11, 6c.12, 6c.13, 6c.14, 6c.15, 6c.16 Attachment 4.19-B, pages 6.1e & 6.1f	
10. SUBJECT OF AMENDMENT: This state plan amendment creates South Carolina Department of Alcohol and Other Drug Abuse Services (SCDAODAS) bundled rehabilitative service rates that will be used to provide interventions for the treatment and management of substance abuse and addictive disorders in an outpatient or inpatient setting for adults and children. This plan amendment also updates and creates SCDAODAS discrete service rehabilitative rates.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//		16. RETURN TO:  South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206	
13. TYPED NAME: Anthony E. Keck			
14. TITLE: Director			
15. DATE SUBMITTED: March 29, 2013			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 03/29/15		18. DATE APPROVED: 09/15/15	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/13		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Opns	
23. REMARKS: Approved with the following changes block 7, 8 and 9 as authorized by the state on email dated July 13, 2015: Block # 7 changed to read: FFY13 \$749,845 and FFY14 \$1,127,003.  Block # 8 changed to read: Attachment 3.1-A Limitation Supplement pages 6b, 6c, 6c.1 thru 6c.27 and 6d; Attachment 4.19-B pages 6.1e.a, 6.1e.b, 6.1e.c and 6.1e.d. Block #9 changed to read: Attachment 3.1-A Limitation Supplement Pages 6b, 6c, 6c.1 thru 6c.16 and 6d.  Block # 4 changed to read: February 1, 2013.			

**13d. REHABILITATIVE SERVICES**

Rehabilitative services are available to all Medicaid beneficiaries who meet the medical necessity criteria for these services. Except where indicated, all services apply to both adults and children. The Division of Medicaid covers all medically necessary services for EPSDT-eligible beneficiaries ages birth to twenty-one (21) in accordance with 1905(a) of the Act, without regard to service limitations. Rehabilitative services are provided to, or directed exclusively toward, mental health and/or substance use disorder treatment for the Medicaid eligible beneficiary. Services are provided by qualified service providers for the purpose of ameliorating disabilities, improving the beneficiary's ability to function independently, and restoring maximum functioning through the use of diagnostic and restorative services.

**a) Staff Qualifications**

Rehabilitative services are medical or remedial services that have been recommended by a physician or other licensed practitioner of the healing arts (LPHA) within the scope of their practice, under South Carolina State Law and as may be further determined by the South Carolina Department of Health and Human Services (SCDHHS) for maximum reduction of physical or mental disability and restoration of a beneficiary to their best possible functional level. Services are provided by qualified clinical professionals and paraprofessionals as listed in the Staff Qualifications chart. Services are authorized by LPHA staff: Physician, Psychiatrist, Psychologist, Physician's Assistant, Registered Nurse with a Master's degree in Psychiatric Nursing, Advanced Practice Registered Nurse, Independent Social Worker - Clinical Practice, Marriage and Family Therapist, Master Social Worker, Professional Counselor and Psycho-Educational Specialist.

**b) Service Limitations**

Service limitations on scope, amount, duration, frequency, location of service, and/or other specific criteria described in coverage policies may be exceeded as medically necessary for all services. The provider must submit documentation that addresses the need for additional services. The Medicaid beneficiary must meet the medical necessity criteria for receipt of each requested service. The beneficiary must be reassessed to determine medical necessity before prior approval.

**c) Freedom of Choice for the Beneficiaries**

Medicaid beneficiaries will have free choice of any qualified licensed, unlicensed and paraprofessional Medicaid providers. The provider must assure that the provision of services will not restrict the beneficiary's freedom of choice and it is not in violation of section 1902(a) (23) of the Social Security Act.

**d) Provider Qualifications**

To participate in the South Carolina Medicaid Program, applicants or providers must meet appropriate federal and state requirements, outlined in the SCDHHS provider enrollment policy and the following:

- Complete an online provider enrollment application and agreement and submit necessary supporting documentation. Only state agencies are required to sign a contractual agreement in addition to the provider enrollment agreement. Accept the terms and conditions of the online application by electronic signature.
- If required by the services they will be providing,
  - i. be licensed by the appropriate licensing body,
  - ii. certified by the standard-setting agency,
  - iii. and continuously meet these requirements.
- Unlicensed and Paraprofessionals are not enrolled providers with a provider number; they work under the supervision of an enrolled provider.
- Obtain a National Provider Identifier (NPI) and share it with SCDHHS. Refer to <http://nppes.cms.hhs.gov> for additional information about obtaining an NPI.

- Comply with all federal and state laws and regulations currently in effect as well as all policies.
- Private providers must be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), the Joint Commission in Behavioral Health Services, or Healthcare Facilities Accreditation Program (HFAP).
- LPHA or medical staff must be licensed or registered with the State where the business is located.
- The applicant must have a business license from the state and/or municipality or county where the service will be provided.
- Physical business site must be located in the SC Medicaid Service Area (SCMSA).

**e) Facility Qualifications**

Residential Treatment providers must follow the guidelines set in the SCDHHS Enrollment manual (e.g. the business site must be located within the SC Medicaid Service Area a 25 mile radius of the SC border) and be in compliance with Federal and State requirements (e.g if applicable, be licensed by the SC Department of Social Services). Residential facilities are limited to 16 or fewer beds in order to receive Medicaid reimbursement (Federal law prohibits Medicaid payment to institutions of Mental Disease as described in the Code of Federal Regulations, 42 CFR 435.1009.-101). All 16-bed residential substance abuse facilities must be licensed with the SC Department of Health and Environmental Control under the regulation of 61-93 (standards for Licensing Facilities that treat individuals for psychoactive substance abuse or dependence). Providers must maintain a current license.

**f) Behavioral Health Services**

**1. Behavioral Health Screening (BHS):**

The purpose of this brief screening is to provide early identification of mental health and/or substance use disorders to facilitate appropriate referral for assessment and/or treatment services.

**a) Limitation of Services:**

BHS is billed in 15-minute units and a limit of two units per day. Services must be documented on the Clinical Service Note (CSN) with a start time and end time. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet to the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

**b) Staff Qualifications:**

BHS must be provided by qualified clinical professionals as defined on the "Staff Qualifications" chart and who have been specifically trained to review the screening tool and make a clinically appropriate referral. (See pages 6c.20-6c.26).

**2. Diagnostic Assessment (DA):**

**I. Diagnostic Assessment without Medical:** The purpose of this face-to-face assessment is to determine the need for rehabilitative behavioral health services, to establish or confirm a diagnosis (diagnoses), to assist in the development of an individualized plan of care based upon the beneficiary's strengths and deficits, or to assess progress in and need for continued treatment. This assessment includes a comprehensive bio-psychosocial interview and review of relevant psychological, medical, and educational records.

II. Diagnostic Assessment with Medical: When a determination of the appropriateness of initiating or continuing the use of psychotropic medication is required, the diagnostic assessment must be carried out by a physician/psychiatrist or advanced practice registered nurse with prescriptive authority.

a) Limitation of Services: (applies to I and II)

The assessment is billed as an encounter and the encounter can range from 30 to 60 minutes. One encounter can be done every six months. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

b) Staff Providing Services: (applies to I and II)

The assessment must be provided by qualified clinical professionals as defined in the "Staff Qualifications" chart and who have been specifically trained to provide and review the assessment tool and make a clinically appropriate referral. (See pages 6c.20-6c.26).

**3. Psychological Testing and Evaluation (PTE)**

Psychological Testing and Evaluation services (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psycho-pathology, e.g., MMPI, Rorschach, and WAIS-R. Testing and evaluation must involve face-to-face interaction between a licensed psychologist and the beneficiary. When necessary or appropriate, consultation shall only include telephone or face-to-face contact by a psychologist.

a) Limitation of Services:

PTE is billed as a 60 minute unit with a limit of ten units billed within a week and a limit of 20 units billed per year. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

B) Staff Providing Services:

PTE must be provided by qualified clinical professionals as defined in the "Staff Qualifications" chart and who have been specifically trained to provide and review the assessment tool and make a clinically appropriate referral. (See pages 6c.20-6c.26).

**4. Service Plan Development (SPD):**

The purpose of this service is the development of an individual plan of care (IPOC) for the beneficiary. The IPOC, which may be developed by an interdisciplinary team, establishes the beneficiary's needs, goals, and objectives and identifies appropriate treatment/services needed by the beneficiary to meet those goals. An interdisciplinary team is typically composed of the beneficiary, his/her family and/or other individuals significant to the beneficiary, treatment providers, and care coordinators. The IPOC will incorporate information gathered during screening and assessment. The IPOC will be person/family centered and the beneficiaries must be given the opportunity to determine the direction of his/her IPOC. An interdisciplinary team may be responsible for periodically reviewing progress made toward goals and modifying the IPOC as needed.

a) Limitation of Services:

SPD (Interdisciplinary Team Conference with and without Client/Family) is billed as an encounter and can range from 30 to 60 minutes. Six encounters are allowed in a 12 month period. Mental Health SPD by a non-physician is billed in a 15 minute unit and up to 10 units per week. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

b) Staff Providing Services:

SPD is provided by, or under the supervision of, qualified professionals as specified under the "Staff Qualifications" section and in accordance with the South Carolina State Law. A Physician or LPHA staff must sign the finalized IPOC when the IPOC is used to determine medical necessity. The master's level qualified clinical professional or LBSW may sign when the IPOC is not used for medical necessity. (See pages 6c.20-6c.26).

**5. Individual Psychotherapy (IP):**

The purpose of this face-to-face intervention is to assist the beneficiary in improving his/her emotional and behavioral functioning. The therapist assists the individual in identifying maladaptive behaviors and cognitions, identifying more adaptive alternatives, and learning to utilize those more adaptive behaviors and cognitions.

a) Limitation of Services:

IP is billed as an encounter. There are three encounter ranges: 16-37 minutes, 38-52 minutes and 53 or more minutes. There can be one encounter per day with a limit of six encounters per month. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

b) Staff Providing Services:

IP must be provided by clinical professionals operating within their scope of practice, as allowed by state law. (See pages 6c.20-6c.26).

**6. Group Psychotherapy (GP):** The purpose of this face-to-face intervention is to assist several beneficiaries, who are addressing similar issues, in improving their functioning. The group process allows members to offer each other support, share common experiences, identify strategies that have been successful for them, and to challenge each other's behaviors and cognitions. The therapist guides the group to ensure that the process is productive for all members and focuses on identified issues.

a) Limitation of Services:

GP is billed as an encounter and the encounter range is 75-90 minutes. More than one session can be billed per day; with a limit of eight sessions per month.

There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

b) Staff Providing Services:

GP must be provided by clinical professionals operating within their scope of practice, as allowed by state law. (See pages 6c.20-6c.26).

**7. Multiple Family Group Psychotherapy (MFGP):**

Multiple Family Group Psychotherapy treatment will allow beneficiaries and families with similar issues to meet face-to-face in a group with a clinician. The group's focus is to assist the beneficiary and family members in resolving emotional difficulties, encourage personal development and ways to improve and manage their functioning skills.

a) Limitation of Services:

MFGP is billed as an encounter and the encounter range is 75-90 minutes. More than one session can be billed per day; with a limit of eight sessions per month. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

b) Staff Providing Services:

MFGP must be provided by clinical professionals operating within their scope of practice, as allowed by state law. (See pages 6c.20-6c.26).

**8. Family Psychotherapy (FP):** The purpose of this face-to-face intervention is to address the beneficiary's relationship with his/her family unit. The therapist assists the family members in developing a greater understanding of the beneficiary's mental health and/or substance use disorders and appropriate treatment for this disorder, identifying maladaptive interaction patterns between family members and how they contribute to the beneficiary's impaired functioning, and identifying and developing competence in utilizing more adaptive patterns of interaction. Treatment is focused on changing the family dynamics, reducing and managing conflict, improving interaction and communication, and promoting the family's support to facilitate the beneficiary's progress. Services can be rendered with or without the beneficiary present, but the beneficiary's issues must be the main focus of the discussion. This service provides guidance to the family or caregiver on navigating systems that support individuals with mental health and/or substance use disorders.

a) Limitation of Services:

FP is billed as an encounter and the encounter range is 60-75 minutes. FP with the beneficiary can be billed once per day with a limit of four sessions per month. FP without the beneficiary can be billed once per day with a limit of four sessions per month. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient

to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

b) Staff Providing Services:

FP must be provided by clinical professionals operating within their scope of practice, as allowed by state law. (See pages 6c.20-6c.26).

9. **Crisis Management (CM):** The purpose of this face-to-face, or telephonic, short-term service is to assist a beneficiary, who is experiencing a marked deterioration of functioning related to a specific precipitant, in restoring his/her level of functioning. The goal of this service is to maintain the beneficiary in the least restrictive, clinically appropriate level of care. The clinician must assist the beneficiary in identifying the precipitating event, in identifying personal and/or community resources that he/she can rely on to cope with this crisis, and in developing specific strategies to be used to mitigate this crisis and prevent similar incidents.

a) Limitation of Services:

CM is billed in 15-minute units with a limit of 16 units per day. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

b) Staff Providing Services:

CM must be provided by clinical professionals operating within their scope of practice, as allowed by state law. (See pages 6c.20-6c.26).

10. **Medication Management (MM):** The purpose of this face-to-face service is to determine any physiological and/or psychological effects of medication(s) on the beneficiary and to monitor the beneficiary's compliance with his/her medication regime. Intervention is focused on topics such as possible side effects of medications, possible drug interactions, and the importance of compliance with medication.

a) Limitation of Services:

MM is billed in 15-minute units with a limit of eight units per day. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

b) Staff Providing Services:

MM must be provided by a qualified clinical professional operating within their scope of practice as allowed by state law. (See pages 6c.20-6c.26).

**11. Psychosocial Rehabilitation Services (PRS):** The purpose of this face-to-face service is to assist beneficiaries in the restoration of skills needed to promote and sustain independence and stability in their living, learning, social and working environments. PRS is designed to assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their challenges. This service includes activities that are necessary to achieve goals in the plan of care in the areas of 1) skills enhancement related to life in the community and to increasing the beneficiary's ability to manage their illness, to improve their quality of life and to live as actively and independently in the community as possible 2) understanding the practice of healthy living habits and self-care skills, 3) enhancing the beneficiary's self-management and communication skills, cognitive functioning and ability to develop and maintain environmental supports; and 4) consumer empowerment that improves the beneficiary's basic decision making and problem solving capabilities. Services are rendered individually and in a group setting. The group sessions support the beneficiary in the sharing of life experiences, and practicing these behaviors while in a supportive treatment relationship/environment.

a) Limitation of Services:

Whether provided individually or in a group session, PRS is billed in 15-minute units with a limit of 24 units per day. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

b) Staff Providing Services:

PRS is provided by qualified staff, under the supervision of qualified clinical professionals as specified under the "Staff Qualifications" section. Staff providing the service must have, at a minimum, a high school diploma or GED. (See pages 6c.20-6c.26).

**12. Behavior Modification (B-Mod):** The purpose of this face-to-face service is to provide the beneficiary with in vivo redirection and modeling of appropriate behaviors in order to enhance his/her functioning within his home or community. The individual's plan of care should determine the focus of this service.

a) Limitation of Services:

B-Mod is billed in 15-minute units with a limit of 32 units per day. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

b) Staff Providing Services:

B-Mod is provided by qualified staff, under the supervision, of qualified clinical staff as defined in the "Staff Qualifications" section. Staff providing the service must have, at a minimum, a high school diploma or GED. (See pages 6c.20-6c.26).

**13. Family Support (FS):** The purpose of this face-to-face or telephonic service is to enable the family/caregiver (parent, guardian, custodian or persons serving in a caregiver role) to serve as a knowledgeable member of the beneficiary's treatment team and to develop and/or improve the ability of families/caregivers to appropriately care for the beneficiary. FS does not treat the family or family members other than the identified beneficiary. FS is not for the purpose of history taking or coordination of care. This service includes the following discrete services when they are relevant to the goal in the individualized plan of care: providing guidance to the family/caregiver on navigating systems that support individuals with mental health and/or substance use disorder needs, such as mental health and/or substance use disorder advocacy groups and support networks; fostering empowerment of family/caregiver by offering supportive guidance for families with mental health and/or substance use disorder needs and encouraging participation in peer/parent support and self-help groups; and modeling these skills for parent/guardian/caregivers. The Family Support service does not include respite care or child care services.

a) Limitation of Services:

FS is billed in 15-minute units with a limit of 32 units per day. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval

b) Staff Providing Services:

FS is provided by, or under the supervision of qualified professionals as specified under the "Staff Qualifications" section. Staff providing the service must have, at a minimum, a high school diploma or GED. (See pages 6c.20-6c.26).

**14. Peer Support Service (PSS):** The purpose of this service is to allow people with similar life experiences to share their understanding to assist beneficiaries in their recovery from mental health and/or substance use disorders. This service is person centered with a recovery focus and allows beneficiaries the opportunity to direct their own recovery and advocacy process. The Peer Support Specialist will utilize her/his own experience and training to assist the beneficiary in understanding how to manage her/his illness in their daily lives by helping them to identify key resources, listening and encouraging beneficiaries to cope with barriers, working towards their goals, providing insight, and sharing information on services and empowering the beneficiary to make healthy decisions. The unique relationship between the Peer Support Specialist and the beneficiary fosters understanding and trust in beneficiaries who otherwise would be alienated from treatment. The beneficiary's plan of care determines the focus of this service. Peer Support Service is provided by a Peer Support Specialist under the supervision of a qualified clinical professional, as specified under the Staff Qualifications section. The degree of supervision will be contingent upon the qualifications, competencies and experience of the peer support provider.

a) Limitation of Services:

PSS is billed in 15- minute units with a limit of 16 units per day. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

b) Staff Providing Services:

The Peer Support Specialist must possess, at a minimum, a high school diploma or GED, and he/she must have successfully completed and passed a certification training program, and he/she must be a current or former beneficiary of mental health and/or substance use disorder services. (See pages 6c.20-6c.26).

g) Substance Use Disorder Treatment Services

SCDHHS and the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) have implemented a statewide system to coordinate substance abuse treatment services that are critical to serving eligible Medicaid beneficiaries. The purpose of these services is to provide interventions for the treatment and management of substance abuse and addictive disorders in an outpatient or residential treatment setting. Services must have a rehabilitative and recovery focus aimed at managing acute intoxication and withdrawal. Services are designed to promote skills for beneficiaries identified as having a substance abuse disorder. Services can also address, if present, a co-occurring mental health disorder.

a) Medical Necessity

The beneficiary must meet the diagnostic criteria for a substance use disorder or co-occurring substance use and mental health disorders as defined by the current edition of the DSM or ICD to establish medical necessity for treatment services. The beneficiary must be assessed to establish medical necessity for the treatment of services. SCDHHS has adopted the American Society of Addiction Medicine's (ASAM-PPC-2R) Patient Placement Criteria for the Treatment of Substance-Related Disorders as the basis for a beneficiary's placement in the appropriate levels of care with documentation reflecting applicable medical necessity on each of the ASAM Dimensions. Treatment is based on the severity of the beneficiary's illness and his/her response to treatment.

**1. Substance Use Disorder Discrete Services**

**A. Alcohol and Drug Screening (ADS) and Brief Intervention Services**

Alcohol and Drug Screening (ADS) is designed to identify beneficiaries who are at risk of development of a substance use problem. The assessment will allow early identification of a substance use disorder and facilitate appropriate referral for a focused assessment and/or treatment. Services can also address, if present, a co-occurring mental health disorder.

a) Limitation of Services:

ADS are billed as an encounter and the encounter range is 15-30 minutes. Only one encounter code is allowed per day and twelve encounters are allowed a year. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

b) Staff Providing Services:

ADS may be provided by qualified clinical professionals as defined in the "Staff Qualifications" section of this manual, who have been specifically trained to review the screening tool and make a clinically appropriate referral. (See pages 6c.20-6c.26).

**B. Alcohol and Drug Assessment (ADA)**

The purpose of this face-to-face assessment is to determine the need for alcohol and drug and/or rehabilitative services, to establish or confirm a diagnosis, to provide the basis for development of an effective, comprehensive individual plan of care based upon the beneficiary's strengths and deficits, or to assess progress in and the need for continued treatment. This assessment includes a comprehensive bio-psychosocial interview and review of relevant psychological, medical, and education records. A follow-up assessment occurs after an initial assessment to reevaluate the status of the beneficiary, identify any changes in behavior and/or condition, and to monitor and ensure appropriateness of the treatment.

a) Limitation of Services:

ADA is billed as an encounter and can range from 60 to 90 minutes. One encounter is allowed every six months. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

b) Staff Providing Services:

ADA must be provided by qualified clinical professionals as defined in the "Staff Qualifications" section of this manual, who have been specifically trained to provide and review the assessment tool and make a clinically appropriate referral. (See pages 6c.20-6c.26).

**C. Alcohol and Drug/Substance Abuse Counseling (SAC):**

The purpose of this face-to-face intervention is to assist beneficiaries in their recovery process. The counseling is focused on acknowledging the consequences of continued maladaptive behaviors, identifying triggers for those behaviors, and developing alternative coping strategies and skill sets. This service provides reinforcement of the beneficiary's ability to function without the use of substances. This service addresses goals identified in the plan of care that involve the beneficiary relearning basic coping Mechanisms, understanding related psychological problems that

trigger addictive behavior, and encouraging the beneficiary to develop healthy boundaries. Services can be rendered individually or in a group setting. The intended outcome of the group is to share similar experiences, learn coping skills, manage maladaptive behaviors, understand and reduce substance use triggers, and assist in resolving identified problems.

a) Limitation of Services:

SAC is billed in a 15-minute unit with a limit of 32 units per week. Group counseling is billed as an encounter and the encounter range is 60 minutes with a limit of 3 encounters per week. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

b) Staff Providing Services:

SAC must be provided by a qualified clinical professional or under the supervision of a qualified clinical professional as defined in the "Staff Qualifications" section. (See pages 6c.20-6c.26).

**D. Skills Training (ST) and Development Services for Children**

The purpose of this service is to provide activities that will restore or enhance targeted behaviors, improve the child's ability to function in his or her living, learning, and social environments. The service is intended to restore functioning that the beneficiary either had or would have achieved if normal development had not been impaired by risk-factors of substance use disorder, or co-occurring substance use and mental health disorders. Skills Training and Development focuses on enhancing healthy behaviors to reduce disability. Interventions are planned in such a way that they are constantly supporting, guiding, and reinforcing the beneficiary's ability to learn and utilize life skills.

a) Limitation of Services:

Skills training and development is billed in 15-minute units with a limit of 32 units per day. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

b) Staff Providing Services:

Services are provided by qualified clinical professionals and paraprofessionals within their scope of practice as listed in the Staff Qualifications chart.

**E. Psychological Testing and Reporting (PTR)**

The purpose of the service is to evaluate the beneficiary's intellectual, emotional, and behavioral status. Testing may

include measures of intellectual and cognitive abilities, neuropsychological status, attitudes, emotions, motivations, and personality characteristics, as well as the use of other non-experimental methods of evaluation. The professional provides the administering of the test and technical aspects of the test. This service is rendered face-to-face with the Medicaid-eligible beneficiary.

a) Limitation of Services:

PTR is billed as an encounter with a range of 60 minutes with a limit of 10 units billed a week. Twenty (20) units can be billed in a year. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

b) Staff Providing Services:

PTR must be provided by a Licensed Psychologist operating within their scope of practice, as allowed by state law, and who is specifically trained to render and summarize the assessment tool and make a clinically appropriate referral. (See pages 6c.20-6c.26).

**F. Alcohol and Drug Assessment Nursing Services (ADN)**

Delivery of this service involves a face-to-face interaction between a qualified health care professional and the beneficiary to assess the beneficiary's status, and to provide a diagnostic evaluation and screening as a mechanism to provide referral for substance abuse treatment services. This service may also include monitoring medical treatment, medication and provide a physical assessment of the beneficiary to determine the level of substance use dependency and/or the readiness for treatment. This assessment may also be used as a component of the process to establish medical necessity for the provision of substance abuse treatment services. The state's claims processing system does not allow duplication of payment for the services under Rehabilitative Services and Physician Services, if furnished on the same day.

a) Limitation of Services:

ADN is billed in 15-minute units with a limit of 22 units per 12 months. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

b) Staff Providing Services:

ADN must be provided by Physicians, Physician Assistants (PA), and Advanced Practical Registered Nurse (APRN), Licensed Practical Nurse, or Registered Nurse Practitioners operating within their scope of practice, as allowed by state law. (See pages 6c.20-6c.26).

**G. Evaluation and Management of Medical Services (E&M)**

The purpose of the service is to allow a health care professional to provide a medical assessment of the beneficiary and make decisions for treatment and/or referral for services. The service is delivered face to face, which includes time spent performing an examination to obtain the beneficiary's medical history. The state's claims processing system does not allow duplication of payment for the services under Rehabilitative Services and Physician Services, if furnished on the same day.

a) **Limitation of Services:**

E & M services are billed as an encounter with a range of 15 and 30 minutes with a limit of one encounter per day. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

b) **Staff Providing services:**

E & M services are provided by Physicians, Physician Assistants (PA), or Advanced Practice Registered Nurses (APRN) operating within their scope of practice, as allowed by state law. (See pages 6c.20-6c.26).

**H. Medication Administration (MA)**

The purpose of this service is to allow a health care professional to administer an injection to the beneficiary. The medical record must substantiate the medical necessity for this treatment. The state's claims processing system does not allow duplication of payment for the services under Rehabilitative Services and Physician Services, if furnished on the same day.

a) **Limitation of Services:**

MA is billed as an encounter and is billed with the injectable medication code once a month. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

b) **Staff Providing Services:**

MA must be provided by Physicians, Physician Assistants (PA), Advanced Practice Registered Nurses (APRN), Licensed Practical Nurses, or Licensed Registered Nurses operating within their scope of practice, as allowed by state law. (See pages 6c.20-6c.26).

**I. Vivitrol Injection (VI)**

This code is the specific Injectable Medication, provided by a qualified health care professional with a medical prescription. The purpose of this monthly treatment is to restore, or improve a beneficiary's behavior or substance use disorder and to decrease the craving for alcohol use. Physician Services does not reimburse for the drug Vivitrol, therefore it will not be a duplication of payment.

a) Limitation of Services:

VI is billed as an encounter with a limit of one encounter per month. There may be clinical exceptions to the service limits when the number of units or encounters allowed may not be sufficient to meet the complex and intensive needs of a beneficiary. On these occasions, requests for frequencies beyond the service limits may be submitted directly to the South Carolina Department of Health and Human Services (SCDHHS) for approval.

b) Staff Providing Services:

VI must be provided by Physicians, Physician Assistants (PA), Advanced Practice Registered Nurses (APRN), Licensed Practical Nurses, or Licensed Registered Nurses operating within their scope of practice, as allowed by state law. (See pages 6c.20-6c.26).

**2. Substance Abuse Outpatient Treatment Program**

• **General Criteria**

Treatment includes an array of services delivered in a community-based setting consistent with the beneficiary's treatment needs. The treatment must be rehabilitative and recovery focused and designed to promote coping skills to manage substance abuse symptoms and behaviors. The duration of treatment varies with the severity of the beneficiary's illness and response to treatment. The frequency and intensity of the services must reflect the needs of the beneficiary and must address the objectives of the beneficiary's plan of care.

• **General Medical Necessity Criteria**

All Medicaid beneficiaries eligible for these services must have a diagnosis of a substance use disorder, and/or co-occurring substance use and mental health disorders. Each level of treatment must follow the ASAM-PPC-2R criteria for services. Beneficiaries will meet medical necessity for this service.

• **General Covered Services**

Services are delivered on an individual or group basis. Each program has a list of specific program components that provide an array of substance use, or co-occurring substance use and mental health discrete services. One or more of these services must be provided before starting a program to identify needed services: Diagnostic Assessments, Psychological Assessment, Alcohol and Drug Assessment, Alcohol and Drug Screening, or Alcohol and Drug Assessment Nursing.

When the beneficiary meets the medical necessity criteria for services, an Individual Plan of Care is developed to identify the beneficiary's treatment goals. If medical necessity is met, all applicable rehabilitative services that the beneficiary is determined to need, are provided.

Individual components of the services include counseling, focused therapeutic interventions, emotional and behavioral management, problem solving, social and interpersonal skills, and daily and independent living skills in order to improve functional stability to adapt to community living.

**A. Alcohol and/or Drug Services - Intensive Outpatient Treatment Program (IOP): Level II.1**

IOP services are provided in the community to beneficiaries who are in need of more than discrete outpatient treatment services or as an alternative to residential treatment. The appropriate level of care takes into consideration the beneficiary's cognitive and emotional experiences that have contributed to substance abuse or dependency. IOP allows the beneficiary opportunities to practice new coping skills and strategies learned in treatment, while still within a supportive treatment relationship and environment.

- a) The treatment program is comprised of the following services:  
Individual, Family, Group, Multiple-Family Group Psychotherapy, AOD/Substance Abuse Counseling, Peer Support Services, PRS, Family Support, Medication Management are included within the program.
- b) Limitation of Services:  
IOP provides 9 to 19 hours of programming per week based on the beneficiary's Individual Plan of Care. The 19 hours can be exceeded via transfer to another level of service when services provided at this level have been insufficient to address the beneficiary's needs, and the beneficiary meets the ASAM criteria for another level of service. The program is billed as an hourly inclusive rate. The service rate includes reimbursement for assessment, counseling, crisis intervention, medication management, and therapies.
- c) Staff Providing Services:  
IOP is provided by qualified clinical professionals and paraprofessionals within their scope of practice as listed in the Staff Qualifications chart (See pages 6c.20-6c.26).

**B. Alcohol and/or Drug Treatment - Day Treatment/Partial Hospitalization: Level II.5**

The treatment program is a structured and supervised intense treatment program that provides frequent monitoring/management of the beneficiary's medical and emotional concerns in order to avoid hospitalization. The program has access to psychiatric, medical, and laboratory services. Intensive services at this level of care provide additional clinical support in a community setting.

- a) The treatment program is comprised of the following services:  
Individual, Family, Group, Multiple-Family Group Psychotherapy, AOD/Substance Abuse Counseling, Peer Support Services, PRS, Family Support, and Medication Management are included within the program.

b) Limitation of Services:

Day Treatment/Partial Hospitalization provides a minimum of 20 hours of programming per week based on the beneficiary's Individual Plan of Care. The program is billed as an hourly inclusive rate. Transfer to a another level of service may be warranted when services provided at this level have been insufficient to address the beneficiary's needs, and the beneficiary meets the ASAM criteria for another level of service. The service rate includes reimbursement for assessment, counseling, crisis intervention, medication management, and therapies.

c) Staff Providing Services:

Day Treatment/Partial Hospitalization is provided by qualified clinical professionals and paraprofessionals within their scope of practice as listed in the Staff Qualifications chart. (See pages 6c.20-6c.26)

**3. RESIDENTIAL SUBSTANCE ABUSE TREATMENT**

• **General Criteria**

Residential Substance Abuse Treatment Services include an array of services consistent with the beneficiary's assessed treatment needs, with a rehabilitative and recovery focus designed to promote coping skills and manage substance abuse symptoms and behaviors in a residential setting. Services include physician monitoring, nursing care, and observation as needed, based on clinical judgment. Services are delivered in a residential setting with 16 beds or less.

• **General Medical Necessity Criteria**

All Medicaid beneficiaries eligible for these services must have a diagnosis of a substance use disorder, and/or co-occurring substance use and mental health disorders. Each level of treatment must follow the ASAM criteria for services. Beneficiaries will meet the medical necessity for this service. Transfer to a another level of service may be warranted when services provided at this level have been insufficient to address the beneficiary's needs, and the beneficiary meets the ASAM criteria for another level of service.

• **General Covered Services**

Each program has a list of specific program components that provide an array of discrete rehabilitative behavioral health services. One or more of these services must be provided before starting a program to identify needed services: Diagnostic Assessments, Psychological Assessment, Alcohol and Drug Assessment, Alcohol and Drug Screening, or Alcohol and Drug Assessment Nursing. When the beneficiary has qualified for services, an Individual Plan of Care is developed to identify the beneficiary's treatment goals. If medical necessity is met, all applicable rehabilitative behavioral health services may be provided.

Individual components of the services include counseling, focused therapeutic interventions, emotional and behavioral management, problem solving, social and interpersonal skills, and daily and independent living skills in order to improve functional stability to adapt to community living.

• **General Non-Covered Services**

Medicaid will not reimburse for the following:

- 1) room and board services, including custodial care;
- 2) educational, vocational and job training services;
- 3) habilitation services;
- 4) services to inmates in public institutions as defined in 42 CFR §435.1010;
- 5) services to individuals residing in institutions for mental diseases as described in 42 CFR§435.1010;
- 6) recreational and social activities; and
- 7) services that must be covered elsewhere in the state Medicaid plan.

**A. Alcohol and/or Drug Sub-Acute Detox - Clinically Managed  
Residential Detoxification - Level III.2-D**

The treatment program relies on established clinical protocols and 24-hour medical supervision for beneficiaries who are intoxicated or experiencing withdrawal. The Registered Nurse or Licensed Practical Nurse staff will administer the Clinical Institute Withdrawal Assessment of Alcohol Assessment (CIWA-Ar) for intoxicated beneficiaries and medical supervision for the management of substance use or alcohol withdrawal. The program also provides emergency medical services, laboratory work as needed and medication ordered by a Physician or an Advanced Practice Licensed Nurse. A physical examination is completed within 24 to 48 hours after admission.

- a) The Treatment program is comprised of the following services:  
Individual, Family, Group, Multiple-Family Group Psychotherapy, AOD/Substance Abuse Counseling, Peer Support Services, PRS, Family Support, and Medication Management are included within the program.
- b) Limitation of Services:  
Adult beneficiaries experiencing intoxication and/or withdrawal and symptoms sufficient to warrant 24-hour support. Treatment typically lasts 3-5 days, and duration of treatment varies with the severity of the beneficiary's illness and response to treatment. The 5 days can be exceeded by continued receipt of the service based on medical necessity, and/or transfer to a another level of service when services provided at this level have been insufficient to address the beneficiary's needs, and the beneficiary meets the ASAM criteria for another level of service. The program is billed at a per diem rate.
- c) Staff Providing Services:  
Services are provided by qualified medical and clinical professionals and paraprofessionals within their scope of practice as listed in the Staff Qualifications chart (See pages 6c.20-6c.26)

**B. Alcohol and/or Drug Acute Detox - Medically Monitored  
Residential Detoxification Services - Level III.7-D**

The treatment program consists of 24-hours of medical supervision and treatment, observation, laboratory screening, and medication orders as needed for beneficiaries who are intoxicated or experiencing withdrawal in a residential setting. The Registered Nurse or Licensed Practical Nurse will administer an initial alcohol and drug assessment. At this level of care, a physician is available 24 hours per day and is available to assess the beneficiary within 24 hours of admission (or sooner, if medically necessary). The physician must be available to provide onsite monitoring of care and further evaluation on a daily basis. Primary emphasis is placed on ensuring that the beneficiary is medically stable (including the initiation and tapering of medications used for the treatment of substance use withdrawal); assessing for adequate bio-psychosocial stability; intervening immediately to establish bio-psychosocial stability; and facilitating effective linkage to other appropriate residential and outpatient services.

- a) The treatment program is comprised of the following services:  
AOD Assessment Nursing Services, Individual, Family, Group, Multiple-Family Group Psychotherapy, AOD/Substance Abuse Counseling, Peer Support Services, PRS, Family Support, and Medication Management are included within the program.

b) Limitation of Services:

Adult beneficiaries. Treatment typically lasts 3-5 days, and duration of treatment varies with the severity of the beneficiary's illness and response to treatment. The 5 days may be exceeded by continued receipt of the service based on medical necessity, and/or transfer to a another level of service when services provided at this level have been insufficient to address the beneficiary's needs, and the beneficiary meets the ASAM criteria for another level of service. The program is billed at a per diem rate.

The following guidelines are used to determine length of stay:

- Withdrawal signs and symptoms are sufficiently resolved to be safely managed at a less intensive level of care, or
- Withdrawal signs and symptoms have failed to respond to treatment and have intensified.

c) Staff Providing Services:

Services are provided by qualified medical clinical professionals and paraprofessionals within their scope of practice as listed in the Staff Qualifications section. (See pages 6c.20-6c.26)

**C. Behavioral Health Long Term Residential Treatment Program - Clinically Managed High-Intensity Residential Treatment: Level III.5-R**

The treatment program is designed to promote abstinence from substances and antisocial behavior and to effect an overall change in the lifestyle, attitude and values of persons who have significant social and psychological problems. This service provides comprehensive, multi-faceted treatment to beneficiaries who have multiple deficits and psychological problems (including serious and persistent mental disorders) in a residential setting. The Registered Nurse and Licensed Practical Nurse provides 24-hour observation, monitoring and treatment. The program provides laboratory work as needed, physical examination within 24 hours after admission or sooner, and medication orders by a Physician or an Advanced Practice Registered Nurse. Priority admission is provided to pregnant women, whose stay may be longer due to complications of substance use disorder or co-occurring mental health disorder.

- a) The treatment program provides the following services:  
AOD Assessment Nursing Services, Individual, Family, Group, Multiple-Family Group Psychotherapy, AOD/Substance Abuse Counseling, Peer Support Services, PRS, Family Support, and Medication Management are included in the program.

b) Limitation of Services:

Adult beneficiaries. The treatment program provides a minimum of five hours of clinical services a day. The program is billed at a per diem rate. The average length of stay is three months. Transfer to a another level of service may be warranted when services provided at this level have been insufficient to address the beneficiary's needs, and the beneficiary meets the ASAM criteria for another level of service.

c) Staff Providing Services:

Services are provided by qualified medical and clinical professionals and paraprofessionals within their scope of practice as listed in the Staff Qualifications section (See pages 6c.20-6c.26)

**D. Behavioral Health Short Term Residential Treatment Program - Medically Monitored Intensive Residential Treatment: Level III.7-R**

The treatment program provides a planned regimen of professionally directed services that are appropriate for beneficiaries whose sub-acute, biomedical and emotional, behavioral or cognitive problems are so severe that residential care is required. The beneficiaries of this service have functional deficits affecting the ability to manage intoxication/withdrawal, bio-medical symptoms and/or emotional instability, medical, behavioral or cognitive conditions that interfere with or distract from recovery efforts. The program also provides 24-hour medical observation, monitoring, and treatment, emergency medical services, laboratory work, medication order by a Physician or an Advanced Practice Registered Nurse, physical examination within 24 hours after admission and provide face-to-face evaluations at least once a week. A Registered nurse or Licensed Practical Nurse will be responsible for overseeing the monitoring of the beneficiary's progress and medication administration.

a) The treatment program comprises the following services:

Individual, Family, Group, Multiple-Family Psychotherapy, AOD/Substance Abuse Counseling, Peer Support Services, PRS, Family Support, and Medication Management are included within the program.

b) Limitation of Services:

The duration of treatment varies with the severity of the beneficiary's illness, and response to treatment. The treatment program provides a minimum of five hours of clinical services a day. The average length of stay is 30 days. The program is billed at a per diem rate. Transfer to a another level of service may be warranted when services provided at this level have been insufficient to address the beneficiary's needs, and the beneficiary meets the ASAM criteria for another level. The beneficiary must be discharged from Level III.7. R by the physician or reviewed by the physician before the beneficiary is transferred to a lesser level of care within the same treatment system.

c) Staff Providing Services:

Services are provided by qualified medical and clinical professionals and paraprofessionals within their scope of practice as listed in the Staff Qualifications section. (See pages 6c.20-6c.26)

**E. Behavioral Health Short Term Residential Treatment Program-Medically Monitored High-Intensity Residential Treatment Services: - Level III.7-RA**

The treatment program is designed to provide a regimen of 24 hour medical monitoring, addiction treatment, and evaluations in a residential setting. The program functions under a defined set of policies, procedures and clinical protocols and are appropriate for children and adolescent beneficiaries up to age 21, whose sub-acute biomedical and emotional, behavioral or cognitive problems are so severe that they require residential treatment. The program also provides 24-hour medical observation, monitoring, and treatment, laboratory screening, medication order by a qualified health care professional, physical examination within 24 hours after admission and provide face-to-face evaluations at least once a week. A registered nurse is responsible for monitoring of the beneficiary's progress and medication administration.

a) The Treatment program comprises the following services:

AOD Assessment Nursing Services, Individual, Family, Group, Multiple-Family Psychotherapy, AOD/Substance Abuse Counseling, Peer Support Services, PRS, Family Support, and Medication Management are included in the program.

b) Limitation of Services:

The treatment program can provide at a minimum of five hours of clinical services a day. The average length of treatment may last up to six months. The program is billed at a per diem rate. Transfer to a another level of service may be warranted when services provided at this level have been insufficient to address the beneficiary's needs, and the beneficiary meets the ASAM criteria for another level. The beneficiary may be admitted directly to Level III.7.RA or transferred from a less intensive level of care as symptoms become more severe; or the beneficiary may be transferred from a Level IV program when that level of intensity is no longer required.

c) Staff Providing Services:

Services are provided by qualified medical and clinical professionals and paraprofessionals within their scope of practice as listed in the Staff Qualifications section (see pages 6c.20-6c.26)

Staff Qualifications

Providers of service must fulfill the requirements for South Carolina licensure/certification and appropriate standards of conduct by means of evaluation, education, examination, and disciplinary action regarding the laws and standards of their profession as promulgated by the South Carolina Code of Laws and established and enforced by the South Carolina Department of Labor Licensing and Regulation. Professionals, who have received appropriate education, experience and have passed prerequisite examinations as required by the applicable state laws and licensing/certification board and additional requirements as may be further established by DHHS, may be qualified to provide mental health and/or substance use disorder services. The presence of licensure/certification means the established licensing board in accordance with SC Code of Laws has granted the authorization to practice in the state. Licensed professionals must maintain a current license and/or certification from the appropriate authority to practice in the State of South Carolina and must be operating within their scope of practice.

The following professionals possessing the required education and experience are considered clinical professionals/paraprofessionals and may provide Medicaid mental health and/or substance use disorder services in accordance with SC State Law:

**Medicaid RBHS Staff Qualifications**

<b>Title of Professional</b>	<b>Level of Education/Degree/or Experience Required</b>	<b>License or Certification Required</b>	<b>Supervision</b>	<b>State or Licensure Law</b>	<b>Services Able to Provide</b>
<b>PROFESSIONALS</b>					
Psychiatrist	Doctor of medicine or osteopathy and has completed a residency in psychiatry	Licensed by SC Board of Medical Examiners	None required	40-47-5 Et seq.	All Services, except PSS
Physician	Doctor of medicine or osteopathy	Licensed by SC Board of Medical Examiners	None required	40-47	All Services, except PSS, PT
Pharmacist	Doctor of Pharmacy degree from an accredited school, college, or department of pharmacy as determined by the Board, or has received the Foreign Pharmacy Graduate Equivalency Certification issued by the National Association of Boards of Pharmacy (NABP)	Licensed by SC Board of Pharmacy	None required	40-43-10 Et seq.	MM
Physician Assistant (PA)	Completion of an educational program for physician assistants approved by the Commission on Accredited Allied Health Education Programs	Licensed by SC Board of Medical Examiners	Physician with permanent SC license, physically present at least 75% of the time the PA is providing services.	40-47-905	All Services, except PSS, PT
Advanced Practice Registered Nurse (APRN)	Doctoral, post-nursing master's certificate, or a minimum of a master's degree that includes advanced education composed of didactic and supervised clinical practice in a specific area of advanced practice registered nursing	Licensed by SC Board of Nursing; must maintain national certification, as recognized by the board, in an advanced practice registered nursing specialty	A supervising physician who provides consultation and operates within approved written protocols	40-33-10 Et seq.	All Services, except PSS, PT
Psychologist	Doctoral degree in psychology	Licensed by SC Board of Psychology Examiners	None required	40-55-20 Et seq.	All Services except ADN, MM, PSS

Title of Professional	Level of Education/Degree/or Experience Required	License or Certification Required	Supervision	State or Licensure Law	Services Able to Provide
Licensed Psycho-Educational Specialist	Hold a Master's degree plus thirty hours or Master's degree or specialist degree that includes sixty hours or ninety quarter hours or a Doctoral degree in psychology. Complete 3 graduate classes in psychopathology (abnormal psychology, abnormal behavior and etiology dynamics). Complete 3 graduate classes diagnostic psychopathy and serve as a certified school psychologist for 2 years in a school and be certified by SCDE as a school psychologist level II or III. Must have a passing score (600 or above) on the ETS School Psychology exam (Praxis). Also must be licensed by the SC Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists and Psycho-Educational Specialists.	Licensed by SC Board of Examiners for Licensure or Professional Counselors, Marriage and Family Therapists and Psycho-Educational Specialists	None Required	40-75-8 Et Seq.	ADA, ADS, BMod, BHS, CM, DA, FS, FP, GP, IP, MFGP, PTR, PRS, SPD, SAC, ST, SUD Level of Treatment: II.I, II.5, III.2-D, III.7-D, III.5-R, III.7-R, III.7-RA

<b>Title of Professional</b>	<b>Level of Education/Degree/or Experience Required</b>	<b>License or Certification Required</b>	<b>Supervision</b>	<b>State or Licensure Law</b>	<b>Services Able to Provide</b>
Licensed Independent Social Worker-Clinical Practice (LISW-CP)	Master's or Doctoral degree from a Board-approved social work program.	Licensed by SC Board of Social Work Examiners	<b>None Required</b>	40-63-5 Et seq.	ADA, ADS, BMod, BHS, CM, DA, FS, FP, GP, IP, MFGP, PTR, PRS, SPD, SAC, ST, SUD Level of Treatment: II.1, II.5, III.2-D, III.7-D, III.5-R, III.7-R, III.7-RA
Licensed Masters Social Worker (LMSW)	Master's or a doctoral degree from a social work program, accredited by the Council on Social Work Education and one year of experience working with the population to be served.	Licensed by SC Board of Social Work Examiners	<b>None Required</b>	40-63-5 ET Seq.	ADA, ADS, BMod, BHS, CM, DA, FS, FP, GP, IP, MFGP, PTR, PRS, SPD, SAC, ST, SUD Level of Treatment: II.1, II.5, III.2-D, III.7-D, III. 5-R, III. 7-R, III 7-RA
Licensed Marriage and Family Therapist (LMFT)	A minimum of 48 graduate semester hours or 72 quarter hours in marriage and family therapy along with an earned master's degree, specialist's degree or doctoral degree. Each course must be a minimum of at least a 3 semester hour graduate level course with a minimum of 45 classroom hours of 4.5 quarter hours; one course cannot be used to satisfy two different categories.	Licensed by SC Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists and Psycho-Educational Specialists	<b>None Required</b>	40-75-5 Et seq.	ADA, ADS, BMod, BHS, CM, DA, FS, FP, GP, IP, MFGP, PTR, PRS, SPD, SAC, ST, SUD Level of Treatment: II.1, II.5, III.2-D, III.7-D, III.5-R, III.7-R, III.7-RA
Licensed Professional Counselor (LPC)	A minimum of 48 graduate semester hours during a master's degree or higher degree program and have been awarded a graduate degree as provide in the regulations, or a post-degree program accredited by the commission on Accreditation for Marriage and Family Therapy Education or a regionally accredited institution of high learning subsequent to receiving the graduate degree.	Licensed by SC Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapist and Psycho-Educational Specialists	<b>None Required</b>	40-75-5 Et seq.	ADA, ADS, BMod, BHS, CM, DA, FS, FP, GP, IP, MFGP, PTR, PRS, SPD, SAC, ST, SUD Level of Treatment: II.1, II.5, III.2-D, III.7-D, III.5-R, III.7-R, III.7-RA

<b>Title of Professional</b>	<b>Level of Education/Degree/or Experience Required</b>	<b>License or Certification Required</b>	<b>Supervision</b>	<b>State or Licensure Law</b>	<b>Services Able to Provide</b>
Behavior Analyst	Must possess at least a Master's degree, have 225 classroom hours of specific graduate-level coursework, meet experience requirements, and pass the Behavior Analysis Certification Examination	Behavior Analyst Certification Board	<b>None Required</b>	N/A	ADA, ADS, BMod, BHS, CM, DA, FS, FP, GP, IP, MFGP, PTR, PRS, SPD, SAC, ST, SUD Level of Treatment: II.1, II.5, III.2-D, III.7-D, III.5-R, III.7-R, III.7-RA
Certified Substance Abuse Professional	Master's degree in counseling, social work, family therapy, nursing, psychology, or other human services field, plus 250 hours of approved training related to the core functions and certification as an addictions specialist	SC Association of Alcoholism and Drug Abuse Counselors Certification Commission and/or NAADAC Association for Addiction Professionals	<b>None required</b>	40-75-300	ADA, ADS, BMod, BHS, CM, DA, FS, FP, GP, IP, MFGP, PTR, PRS, SPD, SAC, ST, SUD Level of Treatment: II.1, II.5, III.2-D, III.7-D, III.5-R, III.7-R, III.7-RA
Clinical Chaplain	Master of Divinity from an accredited theological seminary and have two years of pastoral experience as a priest, minister, or rabbi and one year of clinical pastoral education that includes a provision for supervised clinical services and one year of experience working with the population to be served	Documentation of training and experience	<b>None required</b>	40-75-290	ADA, ADS, BMod, BHS, CM, DA, FS, FP, GP, IP, MFGP, PTR, PRS, SPD, SAC, ST, SUD Level of Treatment: II.1, II.5, III.2-D, III.7-D, III.5-R, III.7-R, III.7-RA

Title of Professional	Level of Education/Degree/or Experience Required	License or Certification Required	Supervision	State or Licensure Law	Services Able to Provide
Mental Health Professional (MHP)	Master's or doctoral degree from a program that is primarily psychological in nature (e.g., counseling, guidance, or social science equivalent) from an accredited university or college and one year of experience working with the population to be served	DHHS-approved credentialing program	None required	40-75-290	ADA, ADS, BMod, BHS, CM, DA, FS, FP, GP, IP, MFGP, PTR, PRS, SPD, SAC, ST, SUD Level of Treatment: II.1, II.5, III.2-D, III.7-D, III.5-R, III.7-R, III.7-RA
Substance Abuse Professional (SAP)	Bachelor's degree in a health or human services related field and certification as a certified addiction counselor or in the process of becoming SCAADAC credentialed or be certified by SCAADAC	SC Association of Alcoholism and Drug Abuse Counselors Certification Commission	Under the supervision of a master's level clinical professional or licensed practitioner of the healing arts (LPHA)	40-75-300	ADA, ADS BMod, BHS, CM, FS, PRS, SAC, ST,
Licensed Bachelor of Social Work (LBSW)	Bachelor's degree in social work. Baccalaureate social work is practiced only in organized settings such as social, medical, or governmental agencies and may not be practiced independently or privately.)	Licensed by SC Board of Social Work Examiners	Under the supervision of a master's level clinical professional or licensed practitioner of the healing arts (LPHA)	40-63-5 Et seq.	ADA, ADS BMod, BHS, CM, FS, PRS, SAC, ST, SPD
Behavior Analyst	A board certified associate behavior analyst must have at least a bachelor's degree, have 135 classroom hours of specific coursework, meet experience requirements, and pass the Associate Behavior Analyst Certification Examination.	Behavior Analyst Certification Board	Under the supervision of a master's level clinical professional or licensed practitioner of the healing arts (LPHA)	N/A	ADA, ADS BMod, BHS, CM, FS, PRS, SAC, ST,
Licensed Registered Nurse (RN)	At a minimum, an associate's degree in nursing from a Board-approved nursing education program and one year of experience working with the population to be served	Licensed by SC Board of Nursing	Under the supervision of an APRN or licensed physician.	40-33-10 Et seq.	ADA, ADN BMod, FS,MM, PRS, MA, ST,

Title of Professional	Level of Education/Degree/or Experience Required	License or Certification Required	Supervision	State or Licensure Law	Services Able to Provide
Licensed Practical Nurse (LPN)	Completion of an accredited program of nursing approved by the Board of Nursing and one year of experience working with the population to be served High school diploma or GED equivalent.	Licensed by SC Board of Nursing	Under the supervision of an APRN, RN, licensed physician, or other practitioner authorized by law to supervise LPN practice.	40-33-10 Et seq.	ADS, ADN BMod, FS, MM, PRS, MA, ST,
<b>PARAPROFESSIONALS</b>					
Child Service Professional	Bachelor's degree from an accredited university or college in psychology, social work, early childhood education, child development or a related field or bachelor's degree in another field and has a minimum of 45 documented training hours related to child development and children's mental health issues and treatment.	None Required	Under the supervision of a master's level clinical professional or licensed practitioner of the healing arts (LPHA)	N/A	B-Mod, BHS, CM, FS, PRS, SAC, ST, ADA, ADS, (Assist with developing the SPD)
Mental Health Specialist	At a minimum, a high school diploma or GED equivalent and have three years of documented direct care experience working with the identified target population or completion of an approved 30 hour training and certification program	DHHS-approved Certification program	Under the supervision of a master's level clinical professional or licensed practitioner of the healing arts (LPHA)	N/A	PRS, BMod, FS, ST
Substance Abuse Specialist	At a minimum, a high school diploma or GED equivalent and have three years of documented direct care experience working with the identified target population or completion of an approved training and certification program	DHHS-approved Certification program	Under the supervision of a master's level clinical professional or licensed practitioner of the healing arts (LPHA)	N/A	PRS, BMod, FS, ST

Title of Professional	Level of Education/Degree/or Experience Required	License or Certification Required	Supervision	State or Licensure Law	Services Able to Provide
Peer Support Specialist	High school diploma or GED equivalent peer support providers must successfully complete a pre-certification program that consists of 40 hours of training. The curriculum must include the following topics: recovery goal setting; wellness recovery plans, problem solving; person centered services; and advocacy. Additionally, peer support providers must complete a minimum of 20 hours of continuing education training annually, of which at least 12 hours must be face-to-face training.	Certification as a Peer Support Specialist	Under the supervision of a master's level clinical professional or licensed practitioner of the healing arts (LPHA)	N/A	PSS
<b>PARAPROFESSIONALS</b>					
Child Service Professional	Bachelor's degree from an accredited university or college in psychology, social work, early childhood education, child development or a related field or bachelor's degree in another field and has a minimum of 45 documented training hours related to child development and children's mental health issues and treatment	None required	Under the supervision of a master's level clinical professional or licensed practitioner of the healing arts (LPHA)	N/A	B-Mod, BHS, CM, FS, PRS, Sac, ST, ADA, ADS (Assist with developing the SPD)

#### Supervision Requirements

Rehabilitative behavioral health services provided by licensed/certified professionals must follow supervision requirements as required by SC State Law for each respective profession. Rehabilitative behavioral health services provided by any unlicensed/uncertified professional must be supervised by a master's level clinical professional or licensed practitioner of the healing arts (LPHA). Substance Abuse Professionals who are in the process of becoming credentialed must be supervised by a Certified Substance Abuse Professional or LPHA.

The following licensed professionals are considered a LPHA: psychiatrist, physician, psychologist, physician's assistant, advanced practice registered nurse, registered nurse with a Master's degree in psychiatric nursing, licensed independent social worker - clinical practice, licensed master social worker, licensed marriage and family therapist, licensed psycho-educational specialist and licensed professional counselor.

Service	Abbr.	Service	Abbr.	Service	Abbr.
Alcohol and Drug Assessment	ADA	Family Psychotherapy	FP	Peer Support Service	PSS
Alcohol and Drug Assessment Nursing	ADN	Group Psychotherapy	GP	Psychosocial Rehabilitative Service	PRS
Alcohol and Drug Screening	ADS	Vivitrol Injection	VI	Psychological Testing and Evaluation	PT
Behavior Modification	B-Mod	Individual Psychotherapy	IP	Psychological Testing & Reporting	PTR
Behavioral Health Screening	BHS	Medication Administration	MA	Service Plan Development	SPD
Crisis Management	CM	Multiple-Family Group Psychotherapy	MFGP	Substance Abuse Counseling	SAC
Psychiatric Diagnostic Assessment	DA	Medication Management	MM	Skills Training and Development	ST
Family Support	FS				

#### Substance Abuse Outpatient Treatment Services

Name of Treatment Service	Level of Service
Alcohol and/or Drug Services Intensive Outpatient Treatment	Level II.I
Alcohol and/or Drug Treatment Day Treatment/Partial Hospitalization	Level II.5

#### Substance Abuse Residential Treatment Services

Name of Treatment Service	Level of Service
Alcohol and/or Drug Services-Sub-acute Detox Residential-Clinically Managed Residential Detoxification	Level III.2-D
Alcohol and/or Drug Services-Acute Detox Residential-Medical Monitored Residential Detoxification	Level III.7-D
Behavioral Health-Long Term Residential Treatment Program-Clinically Managed High-Intensity Residential Treatment	Level III.5.R
Behavioral Health-Short Term Residential Treatment Program-Medically Monitored Intensity Residential Treatment	Level III.7-R
Behavioral Health-Short Term Residential Treatment Program-Medically Monitored High-Intensity Treatment	Level III.7-RA

#### REHABILITATIVE SERVICE FOR PRIMARY CARE ENHANCEMENT

- A. Definition of Service - Rehabilitative Services for Primary Care Enhancement (RSPCE) are face-to-face counseling and health management interventions provided to reduce physical or psycho-social deterioration of a diagnosed medical condition and to restore an individual to his or her best possible functional level. A primary care physician (PCP) or other appropriate practitioner (i.e., nurse practitioner, physician assistant) must approve the plan of care. RSPCE are indicated if the beneficiary:

- Fails to attain an optimal level of health within the primary care delivery continuum
- Enters into the primary health care continuum with an advance degree of disease/condition as evident by clinical evaluation and documentation

- Demonstrates a pattern of noncompliance with the PCP plan of care
- Needs effective individualized self-management instruction to prevent further progress of a diagnosed disease/illness/condition.

Covered RSPCE must either be: (1) required for the implementation of a medical plan of care by a primary care provider and other appropriate practitioners, or (2) medically necessary services identified in the RSPCE medical plan of care which are not duplicated or otherwise covered under the State Plan.

B. The services components are assessment and medical plan of care. If recommended by a primary care provider, the RSPCE provider may perform follow-up medical information and monitoring services.

- RSPCE Assessment/Evaluation and Medical Plan of Care - Assessments must include the health status, the individual's needs, knowledge level, and identify the relevant health risk factors which interfere with the individual's ability to maintain optimal health. The assessment will determine the individual's immediate and long-term needs or if the individual should be referred for other treatment.

The RSPCE medical plan of care must be designed to promote changes in behavior, improve health status, and develop healthier practices to restore and maintain the individual at the highest possible functioning level. The Plan of Care must be a goal-oriented plan of care (in conjunction with the physician and individual) that addresses needs identified in the assessment/evaluation and which specifies the service(s) necessary to restore the patient to an optimal state of health.

- Follow-up Medical Counseling/Monitoring Services - RSPCE include the provision of risk-specific, goal-oriented, structured interventions in group or individual sessions that address the identified medical problems in the plan of care. Medical instruction includes evidence-based approaches that target the specific factors limiting improvement of the individual's health status. RSPCE may include counseling to build client and care giver self-sufficiency through structured, goal-oriented individual sessions. Group sessions that allow direct one-to-one interaction between the counselor and the individual recipient may also be used to provide some components of this service.
- Services assess patient response to the plan of care and structured interventions. Services include reassessment of the interventions to determine their effectiveness. Activities also include evaluating resources to transition individuals into other health-related medical systems. The RSPCE provider must communicate patient progress and discharge instructions to the primary care provider.

RSPCE assessments are limited to two (2) hours per year and individual and/or group services are limited to sixteen (16) hours per year. RSPCE may be provided in the patient's home, in a clinic, or in other appropriate setting. Services may not be provided while an individual is residing in an inpatient hospital or other institutional setting such as a nursing care facility or residential care facility.

C. Qualifications of Providers - Health Organizations contract to provide services. The contracted organizations must have experience providing rehabilitative services for diagnosed disease/illness/conditions, have evidence-based information, and have staff that includes credentialed direct providers of service. Direct providers of RSPCE are physicians, other licensed practitioners of the healing arts (e.g., nurses, dietitians, social workers) acting within the scope of their practice under State law, and Certified Health Educators. Licensed professional staff members supervise unlicensed health paraprofessionals (with documented special training or certification) who furnish services which are within the scope of practice of the licensed professional.

D. Special Conditions - In order to be covered as RSPCE, services must: (1) be included in the RSPCE medical plan of care; (2) address rehabilitation of a medical condition; (3) be recommended by a primary care physician or other licensed practitioner of the healing arts; (4) involve direct patient contact; and, (5) be medically-oriented.

Personal Care Aide Service: Personal care services provided to Medicaid eligible individuals who are identified through an initial medical assessment to have a minimum of two functional dependencies or one functional dependency and cognitive impairment. The services provided will

**Bundled Rehabilitative Services - Substance Abuse and Addictive Disorders**

The bundled services described below are provided to adults and children to provide interventions for the treatment and management of substance abuse and addictive disorders in an outpatient or residential setting. The payment methodology described below is applicable to private and governmental providers.

**MEDICAID BILLABLE SERVICES:**

The following table includes bundled services billed to Medicaid.

Services	Procedure Code	Unit Time
Alcohol and/or Drug Services- Sub-acute Detox Residential- Clinically Managed Residential Detoxification-Level III.2-D	H0010	Per Diem
Alcohol and/or Drug Services- Acute Detox Residential - Medically Monitored Residential Detoxification Services - Level III.7-D	H0011	Per Diem
Behavioral Health-Long-Term Residential Treatment Program -Clinically Managed High- Intensity Residential Treatment - Level III.5-R	H0019	Per Diem
Behavioral Health-Short-Term Residential Treatment Program - Medically monitored Intensive Residential Treatment - Level III.7-R	H0018	Per Diem
Behavioral Health-Short-Term Residential Treatment Program -Medically Monitored High Intensity Residential Treatment Services - Level III.7-RA	H0018 HA	Per Diem
Alcohol and/or Drug Treatment - Day Treatment/Partial Hospitalization - Level II.5	H2035	60 minutes
Alcohol and/or Drug Services - Intensive Outpatient Treatment - Level II.1	H0015	60 minutes

Bundled Medicaid reimbursement rates for providers providing the services outlined above are established utilizing Medicare reasonable cost principles, as well as OMB Circular A-87. In order to establish the prospective bundled services payment rates, the agency first employed the use of the SCDAODAS state fiscal year 2010 cost reports which provided the allowable Medicaid reimbursable costs of the bundled services by procedure code. Allowable Medicaid costs which were used in the development of the prospective bundled rates would include the following:

**Direct Costs:**

Personnel costs - Expenditures from the accounting records of the State Agency for the incurred salaries, payroll taxes, and fringe benefits for the employees providing direct medical services to beneficiaries. For employees who are not assigned to work 100% of their time in providing services, time sheets will be required to allocate salary, payroll taxes and fringe benefits,

- 1) Materials, supplies (excluding injectibles), and non-capital related equipment expenditures required by the practitioners for the provision of service. The following characteristics determine the charging of supplies to a medical service:
  - a) commonly provided in the course of care/treatment by the practitioner without additional charge,
  - b) provided as incidental, but integral to the practitioners' services, and
  - c) used by the "hands-on" medical provider,
- 2) Training and travel expenses that directly relate to maintaining certification, qualifications, or licensure but **not** to obtain their initial certification, and
- 3) Any costs not noted above but directly assignable, excluding subcontract arrangements for direct service delivery and costs included in indirect cost determination.

Costs relating to room and board, as well as its allocation of administrative/overhead cost, are excluded from allowable costs for Medicaid rate setting purposes. Therefore, room and board costs are not considered in the calculation of the provider payment rates under each setting. Room and board costs would include, but not be limited to, facility costs, utilities, property insurance, dietary costs, laundry costs, housekeeping costs, maintenance costs, and any personnel and related fringe cost of staff that are on-site overnight or throughout the day providing patient oversight.

**Supervision:**

Costs of supervisory staff will be added to the direct costs associated with practitioners of specific services. The allowability of supervisory costs is determined based on time and effort reports which will identify and separate administrative activities of the supervisor versus those activities that are service oriented (i.e. participating in assessment and care plan meetings, participation in follow-up and re-evaluation activities). Time and effort reports completed in accordance with HIM-15, Chapter 2300, Section 2313.2 (E) will be used to determine clinical supervision costs.

**Administrative/Overhead Costs:**

Allowable administrative/overhead costs of the provider are allowed in accordance with Medicare reasonable cost principles and cost allocation methodologies as described in Provider Reimbursement Manual HIM-15.

Once total allowable Medicaid costs are accumulated for each bundled service, the costs are then divided by total units of service per service definition to become the state fiscal year 2010 baseline rate. In order to trend the state fiscal year 2010 baseline rates to state fiscal year 2013, a trend factor of 1% per year was employed. The trend factor utilized was based on South Carolina non-farm wage inflation published by the Bureau of Labor Statistics. In order to test the reasonableness of the bundled rates established, comparable rates and allowed amounts for similar services in other Medicaid agencies, Medicaid health plans, and commercial insurers were obtained to provide support for the bundled rates developed.

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The bundled service procedure codes and its successor codes may be subject to change in the future due to unit measurement conversions and/or elimination/replacement of procedure codes. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of February 1, 2013 and is effective for services provided on or after that date. All rates are published at the following SCDHHS website address: <https://www.scdhhs.gov/resource/fee-schedules> .

In order for the Medicaid Agency to monitor the adequacy of and/or update the bundled rates for future reimbursement periods, the providers of bundled services will be required to maintain the following data:

- The utilization of the individual covered services included in the bundled payment by practitioner and;
- The cost by practitioner and type of service delivered under the bundled rate.

In order to price the cost of each type of service by practitioner, the provider has the option to use the SC Medicaid discrete service rates if actual cost of each service provided under the bundled rate by practitioner is unavailable.

Providers will be required to report this data on an annual basis.

#### **Discrete Rehabilitative Services-Substance Abuse and Addictive Disorders**

As a result of the SC Medicaid Agency's decision to bundle certain discrete services into bundled rehabilitative service rates effective February 1, 2013, the rehabilitative fee schedule rates currently in effect for all rehabilitative providers were reevaluated, resulting in the following discrete rehabilitative service rates:

Description	Procedure Code	Description	Procedure Code
Psychiatric Diagnostic Evaluation with Medical Services	90792	Group Psychotherapy	90853
Psychological Testing Diagnostic Assessment Face to Face -	96101	Alcohol and Drug/Substance Abuse Counseling -Individual	H0004
Psychological Testing Diagnostic Assessment Face to Face - administering test and preparing report	96102	Alcohol and Drug/Substance Abuse Counseling - Group	H0005
Alcohol and Drug Assessment - Initial - w/o Physical	H0001	Medication Management	H0034
Alcohol and Drug Assessment - Follow-up - w/o Physical	H0001/TS	Crisis Management	H2011
Alcohol and Drug - Nursing Services	H0001/U2	Family Support	S9482
Alcohol and /or Substance Abuse Structured screening and brief intervention services	99408	Peer Support Service	H0038
Mental Health Service Plan Development by Non-Physician w/Client	H0032-HF	Psychosocial Rehabilitation Service	H2017

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Description	Procedure Code	Description	Procedure Code
Mental Health Service Plan Development by Non-Physician w/o Client	H0032	Skills Training and Development Service -	H2014
Individual Psychotherapy Face to Face - 30 minutes	90832	Medication Administration	96372
Individual Psychotherapy Face to Face - 45 minutes	90834	Vivitrol Injection	J2315
Individual Psychotherapy Face to Face - 60 Minutes or more	90837	Family Psychotherapy (without patient present) - Hour session	90846
Individual Psychotherapy Face to Face - 30 minutes with Medical evaluation and management services	90833	Family Psychotherapy (with patient present) - Hour session	90847
Individual Psychotherapy Face to Face - 45 minutes with Medical evaluation and management services	90836	Multiple Family Group Psychotherapy	90849
Medical Evaluation and Management for a New Patient - 30 minute session	99203		
Medical Evaluation and Management for an Established Patient - 15 minute session	99213		

The discrete service rates listed above were developed by taking into consideration the following factors:

- The rehabilitative fee schedule rates currently in effect for all rehabilitative providers were reviewed against Commercial, State Medicaid, and Medicare benchmarks. If the current rehab service rate in effect for all other behavioral health rehabilitative providers was below or reasonable relative to the benchmarks, there was no change to the rehabilitative service rate.
- If a rehabilitative service is a Medicare covered service, in some cases the rehabilitative service rate was adjusted to reflect the equivalent of 77% of the Medicare Fee schedule, which is consistent with many SC Medicaid medical services fee schedule amounts.
- To adjust for different credentialing of the rendering providers, the rehabilitative service rates were adjusted by using salary differentials from SC reported by the Bureau of Labor Statistics.
- To adjust for a service moving from a time unit to an encounter, the rehabilitative service rates were adjusted based on the number of units generally billed for an encounter.

The discrete service procedure codes and its successor codes may be subject to change in the future due to unit measurement conversions and/or elimination/replacement of procedure codes. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of February 1, 2013 and is effective for services provided on or after that date. All rates are published at the following SCDHHS website address: <https://www.scdhhs.gov/resource/fee-schedules> .

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