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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: 13-008

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES ILEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	I. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	SC 13-008	South Carolina
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE April 1, 2013	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	Np. 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.60	7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$1,408,600 (\$8,000,000 x .7043 x .25) b. FFY 2014 \$5,634,400 (\$8,000,000 x .7043)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 3.1-A Limitation Supplement, page 4b Attachment 4.19-B, page 3	Attachment 3.1-A Limitation Supplement, page 4b Attachment 4.19-B, page 3	
10. SUBJECT OF AMENDMENT: This State Plan amends the coverage language regarding Medicaid or oth Dietitians.	ner remedial care provided by licensed	practitioners to include
II. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		nated by the Governor
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//	16. RETURN TO: South Carolina Department of Health and Human Services	
13. TYPED NAME:	Post Office Box 8206 Columbia, South Carolina 29202-8206	
Anthony E. Keck	Columbia, South Carolina 29202-8200	
14. TITLE: Director		
15. DATE SUBMITTED: June 18, 2013		
	OFFICE USE ONLY	
17. DATE RECEIVED: 06/18/13	18. DATE APPROVED: 10/	16/14
PLAN APPROVED -	ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/14	20. SIGNATURE OF REGIO	NAL OFFICIAL:
21. TYPED NAME:	22. TITLE: Associate Region	
Jackie Glaze	Division of Medicaid & Child	
23. REMARKS:	The state of the s	Control of the contro
Application of the state of the		
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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

October 16, 2014

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

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment, SC 13-008

Dear Mr. Keck:

We have reviewed the proposed state plan amendment, SC 13-008, which was submitted to the Atlanta Regional Office on June 18, 2013. This state plan amends the coverage language regarding Medicaid or other remedial care provided by licensed practitioners to include Dietitians. Additionally, it clarifies payment methodology for various practitioner services to meet standards for comprehensiveness.

Based on the information provided, the Medicaid State Plan Amendment SC 13-008 was approved on October 16, 2014. The effective date of this amendment is April 1, 2013. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Maria Drake at (404) 562-3697 or Cheryl A. Wigfall at (803) 252-7299.

Sincerely,

//s//

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

Enclosures

Attachment 3.1-A Limitation Supplement Page 4b

Registered Dietitian - Registered dietitians are authorized to provide medical nutrition therapy services. The duties and responsibilities include nutritional diagnostic, therapy, and counseling services provided for the purpose of managing obesity and other diseases. Covered services will consist of nutrition assessment, interventions, reassessment, and follow-up interventions when it is prescribed/referred by a physician. The scope of practice is limited to that which is allowed under State Law.

7. HOME HEALTH CARE SERVICES - Home health services are provided by a licensed and certified home health agency to eligible beneficiaries who are affected by illness or disability.

SC 13-008

EFFECTIVE DATE: 04/01/13 RO APPROVAL: 10/16/14 SUPERSEDES: SC 11-011

6.a Podiatrists' Services:

Reimbursement is calculated in the same manner as for Physicians' services (78% of the 2009 Medicare Physician fee schedule). The fee schedule payments are the same for both governmental and private providers. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at http://www.scdhhs.gov/ServiceProviders/FeeSchedules.asp.

6.b Optometrists' Services (Vision Care Services):

Reimbursement is calculated in the same manner as for Physicians' services - (78% of the 2009 Medicare Physician fee schedule). The fee schedule payments are the same for both governmental and private providers. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at http://www.scdhhs.gov/ServiceProviders/FeeSchedules.asp.

6.c Chiropractor's Services:

Reimbursement is calculated in the same manner as for Physicians' services (78% of the 2009 Medicare Physician fee schedule). The fee schedule payments are the same for both governmental and private providers. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at http://www.scdhhs.gov/ServiceProviders/FeeSchedules.asp.

Certified Registered Nurse Anesthetist(CRNA): CRNAs under the medical direction of a surgeon will be reimbursed at 90 percent of the Anesthesiologist reimbursement rate. CRNAs under the medical direction of an Anesthesiologist will receive 50 percent of the reimbursement rate. Refer to the Physician Services Section 5, in Attachment 4.19-B. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at http://www.scdhhs.gov/ServiceProviders/FeeSchedules.asp.

Nurse Practitioner: Reimbursement is calculated at 80 percent of the 2009 Medicare Physician fee schedule. The fee schedule payments are the same for both governmental and private providers. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at http://www.scdhhs.gov/ServiceProviders/FeeSchedules.asp.

<u>Psychologists:</u> Psychological services are reimbursed at an established statewide fee schedule as determined in accordance with section 13.d of Attachment 4.19-B.

Registered Dietitian: The state developed fee schedule rate for this service effective on or after April 1, 2013, is \$27.82 per encounter and is paid to both private and governmental providers. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at http://www.scdhhs.gov/ServiceProviders/FeeSchedules.asp.

Home Health Services:

Nursing Services, Home Health Aide Services, Physical Therapy, Occupational Therapy, Speech Pathology, and Audiology are provided and reimbursed based on the lesser of allowable Medicaid costs, charges, or the Medicaid cost limits as defined in the plan that are based upon Medicare allowable cost definitions and Medicare cost limits. At the end of each Home Health Agency's fiscal year end, an actual cost report must be submitted which is used for the purpose of completing a cost settlement based on the lesser of allowable Medicare costs, charges, or the Medicare cost limits.

SC 13-008

Effective Date: 04/01/13 RO APPROVAL: 10/16/14 SUPPERSEDES: SC 11-020