

## **Table of Contents**

**State/Territory Name: SC**

**State Plan Amendment (SPA) #: 22-0012**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

---

November 23, 2022

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

Re: South Carolina State Plan Amendment (SPA) 22-0012

Dear Director Kerr:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0012, to remove reference to Adult Day Healthcare (ADHC) transportation within a 15-mile radius of ADHC centers. The state is seeking to transition transportation to the non-emergency medical transportation (NEMT) broker for participants within 15 miles of the ADHC.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that South Carolina's Medicaid SPA Transmittal Number 22-0012 was approved on November 23, 2022, with an effective date of July 1, 2022.

Enclosed are copies of the approved CMS-179 summary form and SPA pages to be incorporated into the South Carolina State Plan.

If you have any questions, please contact Morlan Lannaman at (470) 890-4232 or via email at [Morlan.Lannaman@cms.hhs.gov](mailto:Morlan.Lannaman@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Nicole McKnight.

Nicole McKnight, Acting Director  
Division of Program Operations

Enclosures

cc: Brian Dowd  
Margaret Alewine

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 2 - 0 0 1 2</u>	2. STATE <u>S C</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">July 1, 2022</p>	
5. FEDERAL STATUTE/REGULATION CITATION Title XIX of Social Security Act, 42 CFR Sec. 1902(a)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 3.1-A Limitation Supplement, page 9d Attachment 3.1-D, page 2	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Attachment 3.1-A, Limitation Supplement, page 9d Attachment 3.1-D, Page 2	

9. SUBJECT OF AMENDMENT  
  
Amendment of the SC Title XIX State Plan to remove reference to ADHC transportation within 15-mile radius of ADHC centers

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206
12. TYPED NAME Robert M. Kerr	
13. TITLE Director	
14. DATE SUBMITTED September 28, 2022	

**FOR CMS USE ONLY**

16. DATE RECEIVED 09/28/2022	17. DATE APPROVED 11/23/2022
---------------------------------	---------------------------------

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2022	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Nicole McKnight	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS

**B. Special Needs Transportation**

Special Needs transportation services is a Medicaid covered service that is delivered outside of the NEMT Broker program. State agencies provide special needs transportation to designated populations under contract with SCDHHS. Identified state agencies that provide this transportation are the School for the Deaf and Blind, the Department of Social Services, Continuum of Care and the Department of Education. The special needs populations approved for these services are generally comprised of unescorted children, consumers of some mental health and therapeutic services and other special Medicaid eligible members with unique transportation needs. Transports are generally provided for Medicaid eligible members to mental health or behavioral treatment services at community-based providers. Special needs transportation services are covered by Medicaid as fee-for-service, regardless of the member's enrollment in a Managed Care Organization (MCO).

**C. Nursing Home Non-Emergency Medical Transportation**

Non-emergency medical transportation (NEMT) for nursing home residents is a Medicaid covered service that is delivered outside of the NEMT Broker program. Nursing homes are responsible for arranging and paying for all NEMT transportation costs for their residents. Nursing home rates contain a NEMT component, allowing nursing homes to obtain NEMT services for their residents from any qualified transportation provider, as defined by the South Carolina Office of Regulatory Staff and the South Carolina Department of Health and Environmental Control.

- Process and pay transportation providers for approved NEMT services rendered;
- Ensure compliance of transportation providers with NEMT Broker contract terms and conditions;
- Monitor fraud and abuse and make referrals to SCDHHS' Program Integrity Department as appropriate;
- Perform quality assurance activities that include but are not limited to, corrective action plans, federal and state required audits/reviews and monitoring complaints;
- Produce management and performance reports in a timely manner.

**GENERAL DESCRIPTION OF SERVICES EXCLUDED FROM THE NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT) BROKER PROGRAM**

**A. Emergency Ambulance Services**

Emergency ambulance services is a Medicaid covered service that is delivered outside of the NEMT Broker program. These services are available through the emergency management system, which typically originates with a call to 911. Medical necessity for ambulance transport is established when the member's condition warrants an emergency transport for the purpose of receiving services covered under the Medicaid State Plan. Emergency ambulance services shall also include air ambulance transport by fixed and rotary wing aircraft. Emergency ambulance services are covered by Medicaid for the fee-for-service members and by the Managed Care Organizations (MCOs) for the managed care enrolled members.

**B. Special Needs Transportation**

Special Needs transportation services is a Medicaid covered service that is delivered outside of the NEMT Broker program. State agencies provide special needs transportation to designated populations under contract with SCDHHS. Identified state agencies that provide this transportation are the School for the Deaf and Blind, the Department of Social Services, Continuum of Care and the Department of Education. The special needs populations approved for these services are generally comprised of unescorted children, consumers of some mental health and therapeutic services and other special Medicaid eligible members with unique transportation needs. Transports are generally provided for Medicaid eligible members to mental health or behavioral treatment services at community-based providers. Special needs transportation services are covered by Medicaid as fee-for-service, regardless of the member's enrollment in a Managed Care Organization (MCO).