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**State/Territory Name: South Carolina**

**State Plan Amendment (SPA) #: 24-0013**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 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

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November 22, 2024

Eunice Medina  
Acting Director  
South Carolina Department of Health & Human Services  
P.O. Box 8206  
Columbia, SC 29202-8206

Re: South Carolina State Plan Amendment (SPA) 24-0013

Dear Director Medina:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0013. This SPA proposes to add Intensive In-Home Services-Homebuilders to the South Carolina Rehabilitative Services Benefit.

We conducted our review of your submittal according to Title XIX of the Social Security Act, Sect. 1905(a)(13); 42 CFR 440.130 (d). This letter informs you that South Carolina's Medicaid SPA TN 24-0013 was approved on November 22, 2024, effective July 1, 2024.

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

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at [Etta.Hawkins@cms.hhs.gov](mailto:Etta.Hawkins@cms.hhs.gov).

Sincerely,

A large black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Sheila Chavis  
Margaret Alewine

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 4 — 0 0 1 3	2. STATE S C
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 July 1, 2024
5. FEDERAL STATUTE/REGULATION CITATION Title XIX of SSA, Sect. 1905(a)(13); 42 CFR 440.130(d)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$ 47,263 b. FFY 2025 \$ 189,433
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 3.1-A Limitation Supplement, pages 6c.10.2, 6c.10.3 (New Page), 6c.32  Attachment 4.19-B, pages 6.1, 6.1d.a.1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Attachment 3.1-A Limitation Supplement, pages 6c.10.2, 6c.32  Attachment 4.19-B, pages 6.1, 6.1d.a.1

## 9. SUBJECT OF AMENDMENT

This SPA will add Intensive In-Home Services Homebuilders to the South Carolina Rehabilitative Services Benefit.

## 10. GOVERNOR'S REVIEW (Check One)

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Mr. Kerr was designated by the Governor to review and approve all State Plans.

11. [REDACTED] BY OFFICIAL	15. RETURN TO South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29208206
12. TYPED NAME Robert M. Kerr	
13. TITLE Director	
14. DATE SUBMITTED September 30, 2024	

## FOR CMS USE ONLY

16. DATE RECEIVED September 30, 2024	17. DATE APPROVED November 22, 2024
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## PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2024	19. SIGNATURE [REDACTED]
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations
22. REMARKS	

**Rehabilitative Services (con't.)**

19. **Multisystemic Therapy (MST)**: MST is an intensive, evidence-based family and community-based treatment that addresses the externalizing behaviors of youth who have significant clinical impairment in disruptive behavior, mood and/or substance use. MST component services include counseling, therapy, and psychoeducation. MST is provided using a home-based model of service delivery for youth and their families, however services are provided for the direct benefit of the beneficiary. MST focuses on youth who are at high risk of out-of-home placement or may be returning home from a higher level of care. MST seeks to understand and intervene with youth within their network of systems, including family, peers, school and neighborhood/community.

MST services are delivered in the natural environment (e.g., home, school, community). The required supervision, consultation, and monitoring provided through the evidence-based MST model work to uphold treatment fidelity expectations around service delivery intensity/frequency. MST also requires a rigorous quality assurance and improvement plan, ongoing training, and regular measures of fidelity to ensure services are delivered as per model standards.

Youth up to age 21 who do not fall within the age guidelines may receive services that are comparable in intensity if medically necessary.

- a) **Limitations of Services**: MST includes 48 encounters total over a period of 120 days, with the ability to request additional service units when medically necessary. MST is an inclusive service and should not be provided concurrently with Group or Family Therapy, outpatient or inpatient substance use disorder services (except for opioid use disorders), Partial Hospitalization, or Intensive Outpatient.
- b) **Staff Providing Services**: MST providers are masters or bachelors level professionals with specific training and mastery of the MST model. Supervision of services is provided by qualified clinical professionals as specified under the "Staff Qualifications" section (see pages 6c.23-6c.32).

20. **Intensive In-Home Services - Homebuilders (IIHS-HB)**: Homebuilders is an intensive in-home, evidence-based practice utilizing strategies for families with children birth to 18 years of age who are at imminent risk of out-of-home placement. Homebuilders may also be provided for children that are reunifying with their family when returning home from an out-of-home placement. Homebuilders is designed to eliminate barriers to services while using research-based interventions to improve family interactions; children's behavior, well-being, and safety; and to create a more positive and healthy family environment for the member.

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SUPERSEDES: SC 23-0015

Homebuilders is a targeted, brief intervention for children and youth ages 0-18; youth up to age 21 who do not fall within the age guidelines for the service may receive services that are comparable in intensity when medically necessary.

Homebuilders component services include the following services which are described on pages 6b-6c.32 of this attachment:

- Behavioral Health Screening;
- Diagnostic Assessment;
- Mental Health Comprehensive Diagnostic Assessment - Follow-up
- Family Psychotherapy;
- Service Plan Development;
- Crisis Management;
- Family Support Services; and/or
- Behavior Modification

- a) Limitations of Services: Homebuilders is provided within a total of twenty (20) per diem encounters over the course of no more than six (6) weeks, with the ability to request additional service units beyond the twenty (20) per diem encounters and six (6) weeks when medically necessary. It is an inclusive service and may not be provided concurrently with Family Psychotherapy, Multisystemic Therapy, Acute Psychiatric Hospitalization, Psychiatric Residential Treatment Facility services, or Medicaid Targeted Case Management.
- b) Staff Providing Services: Homebuilders Specialists are masters or bachelor's level professionals with specific training and mastery of Homebuilders services, as specified under the "Staff Qualifications" section (see pages 6c.23-6c.32). Supervision of services is provided by qualified professionals with previous experience delivering Homebuilders services.

Title of Professional	Level of Education/Degree/or Experience Required	License or Certification Required	Supervision	Services Able to Provide
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)	PRS, LMed, FS, ST
Certified 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)	PSS, ACT
Vocational Success Specialist	a minimum of a bachelor's degree in a human services field, at least one year experience working with population served (SMI), and at least six months experience providing employment or educational supports.	Documentation of training and experience	Under the supervision of a masters or bachelor's level professional	ACT
Homebuilders Specialist	Master's degree in psychology, social work, counseling, or a related field or bachelor's degree in psychology, social work, counseling, or a related field plus two years of experience working with families.	Completed training as required by Institute for Family Development and operating within a certified Homebuilders program.	Under the supervision of a masters or bachelor's level professional	Homebuilders

\*Private Service Providers (non-governmental) who are not licensed at the independent level may not provide these services unless under the supervision of an independently licensed professional.

\*\*Private Service Providers must be licensed at the independent level in order to conduct a diagnostic assessment

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In accordance with federal interpretation, the disease management contracts are risk contracts. The method of payment has been developed using actuarially sound methodology per 42 CFR 438.6 (c).

The State will pay the DMOs a per member per month capitated fee based on the total eligible population, and the prevalence of each disease within the total population.

The State expects a minimum, annual net cost savings of five percent (5%) in the overall medical costs of those beneficiaries with asthma, diabetes or hypertension. The guaranteed, annual net savings is defined as total savings minus SCDHHS expenditures on disease management services under the contract.

If the amount of guaranteed minimum, annual net savings is not achieved, the DMOs will pay the difference between the guaranteed minimum, annual net savings and the actual net savings to the SCDHHS. The DMOs will also be required to forfeit their fees.

#### 13.d Rehabilitative Services

Rehabilitative behavioral health services are medical or remedial services that have been recommended by a physician or other licensed practitioner of the healing arts 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. The following services are considered Medicaid Rehabilitative services:

Behavioral Health Screening, Behavior Modification, Crisis Management, Diagnostic Assessment, Family Therapy, Family Support, Multisystemic Therapy, Intensive In-Home Services - Homebuilders, Group Therapy, Individual Therapy, Medication Management, Peer Support Services, Rehabilitative Psychosocial Services, Assertive Community Treatment, Therapeutic Child Care, Service Plan Development, Substance Abuse Counseling, and Substance Abuse Examination.

In order to develop Medicaid payment rates by provider type (i.e. practitioner) for each service listed above, the Medicaid Agency employed the following reimbursement methodology:

1. First, the agency developed annual compensation amounts for each provider type:

Salary data was obtained from the South Carolina Office of Human Resources (SCOHR) Classifications Manual (midpoint per position salary data) as well as the May 2008 South Carolina Occupational Employment and Wage Estimates from the United States Department of Labor (mean salary data). For unclassified professional positions that are not identified within the SCOHR Classification Manual, provider compensation amounts were obtained from applicable providers.

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SUPERSEDES: SC 23-0015



**Intensive In-Home Services - Homebuilders**

Effective on or after July 1, 2024, the Medicaid Agency will reimburse for Homebuilders services. Homebuilders providers must be part of a certified Homebuilders team in good standing with Institute for Family Development and have the training required to implement the evidence-based practice. Services are described in section 3.1-A Limitation Supplement.

Homebuilders is reimbursed based on a per diem unit of service, which was developed considering the specific costs of implementing this model. The billing unit is one day. Homebuilders per diems may be billed only on days when the provider has performed a service with the beneficiary or a family member. Only one per diem may be billed per beneficiary per day.

The unit costs were derived using information gathered from South Carolina Homebuilders providers regarding the following: staffing levels; licensing, consultation, and training requirements; volume of Homebuilders services provided; costs related to salaries and wages (including cost consideration for providers' availability 24 hours per day, 7 days per week, 365 days per year); transportation expenses; and administrative, overhead, and program support costs.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. All rates are published on the SCDHHS website <https://www.scdhhs.gov/providers/fee-schedules>.

**Annual Cost Identification and Reconciliation Process for State Owned and Non-State Owned governmental providers:**

Each State Owned and Non-State Owned governmental provider rendering rehabilitative behavioral health services will be required to submit a CMS approved annual cost report to establish the costs of their services. Allowable costs will be accumulated by practitioner and service definition. Costs by practitioner by service will be accumulated for the total population of users of the service (i.e. regardless of the source of payment). Allowable costs will be classified as follows:

**Direct Costs:**

- 1) Directly chargeable salary costs of the practitioner(s) providing the service and associated fringe benefits,
- 2) Materials, supplies excluding injectibles, and non-capital related equipment expenditures required by the practitioners for the provision of service,
- 3) Required training and any associated travel costs of the practitioners, and
- 4) Any costs not noted above but directly assignable excluding subcontract arrangements for direct service delivery and costs included in indirect cost determination.

**Supervision:**

Costs of supervisory staff will be added to the direct costs associated with practitioners of specific services. Allowability of supervisory costs is determined based on the practitioners requiring supervision in accordance with the Rehabilitative Service definitions as outlined under Attachment 3.1-A. The provider types affected include: Registered Nurses, Licensed Practical Nurses, and all Masters Level, Bachelors Level, and High School Level professionals. Time and effort reports completed in accordance with HIM-15, Chapter 2300, Section 2313.2 (E) will be used to determine supervision costs.

**Indirect Costs:**

Allowable indirect costs can be determined in one of two ways:

1. The application of the provider's federally approved indirect cost rate (or federally approved cost allocation plan) or

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