

## **Table of Contents**

**State/Territory Name: South Carolina**

**State Plan Amendment (SPA) #: 24-0025**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

January 14, 2025

Eunice Medina  
Interim Director, Department of Health & Human Services  
Post Office Box 8206  
1801 Main Street  
Columbia, SC 29202-8206

RE: TN 24-0025

Dear Director Medina:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed South Carolina state plan amendment (SPA) to Attachment 4.19-D SC-24-0025, which was submitted to CMS on December 23, 2024. This plan amendment increases per diem payment for services provided to ventilator-dependent Medicaid beneficiaries residing in a ventilator-dependent wing of a contracting South Carolina Medicaid nursing facility to a total per diem rate of \$708 per member, per day.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of November 21, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact James Francis at 857-357-6378 or via email at [James.Francis@cms.hhs.gov](mailto:James.Francis@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

Rory Howe  
Director  
Financial Management Group

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 2 5

2. STATE

S C

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

November 21, 2024

5. FEDERAL STATUTE/REGULATION CITATION

1902(a)(30)(A) and 1905(a)(4)(A) of Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a FFY 2025 \$ 1,035,000

b FFY 2026 \$ 1,078,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D, page 26

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Attachment 4.19-D, page 26

9. SUBJECT OF AMENDMENT

This SPA will increase rates for ventilator units to a total per diem rate of \$708 per member, per day.

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:

Ms. Medina was designated by the Governor  
to review and approve all State Plans.

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Eunice Medina

13. TITLE  
Interim Director

14. DATE SUBMITTED  
December 20, 2024

15. RETURN TO

South Carolina Department of Health and Human Services  
Post Office Box 8206  
Columbia, SC 29202-8206

**FOR CMS USE ONLY**

16. DATE RECEIVED  
December 23, 2024

17. DATE APPROVED  
January 14, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
November 21, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Rory Howe

21. TITLE OF APPROVING OFFICIAL  
Director, Financial Management Group

22. REMARKS

Ventilator Unit Reimbursement Program

Effective for services provided on or after November 21, 2024, the South Carolina Department of Health and Human Services will update its per diem payment for services provided to ventilator dependent Medicaid beneficiaries residing in a ventilator dependent wing of a contracting South Carolina Medicaid nursing facility. To qualify for this reimbursement, the wing must consist of a minimum of 20 nursing facility beds that are dedicated solely to the provision of ventilator dependent services. Effective for services provided on and after November 21, 2024, the vent rate will equal \$708.00 per Medicaid patient day.

The ventilator unit rate will be used to reimburse nursing facilities for their base operational costs as well as the individual costs incurred in providing services to these individuals such as:

1. Staff time (both by skilled professional and nurse aides) to perform actual procedures or provide additional care;
2. Necessary supplies, specialized equipment such as lifts, special beds ventilators, etc. needed to provide the care, and/or nutritional supplements; and
3. Staff education required to be able to provide for the beneficiary with vent needs.

Nursing facilities that provide services to Ventilator Unit individuals will be required to step down cost applicable to this service in accordance with Section I (C) of Attachment 4.19-D upon submission of their annual cost report.

J. Payment for Out-of-State Long Term Care Facilities

In order to provide services to the South Carolina Medicaid patients awaiting placement into a nursing facility, the agency will contract with out-of-state facilities at the other states' Medicaid reimbursement rate. The agency will use the out-of-state facility's survey conducted by their survey and certification agency for our survey and certification purposes. Placement of a South Carolina Medicaid recipient into an out-of-state facility will only occur if a bed is unavailable in South Carolina. No year end South Carolina Medicaid long term care cost report will be required from the participating out-of-state facilities.