

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Singletou</i>	DATE <i>10-9-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000136</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck Hart, Deps, CMS file</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-10-13</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

LIGGETT

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

September 9, 2013

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

**RECEIVED**

OCT 09 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Attention: Sheila Chavis

Re: South Carolina (SC) State Plan Amendment (SPA) 13-008 Dietitians

Dear Mr. Keck:

We reviewed the proposed amendment submitted under transmittal number SC 13-008. This amendment adds coverage language regarding Medicaid or other remedial care provided by licensed practitioners to include Dietitians.

We have completed our review of SC 13-008, including the state's responses to our informal request for additional information (RAI). Before we can continue processing this amendment, we are requesting additional information as follows:

General Comment/Question

1. Pending SPA SC 13-008 revises material that is currently pending in SPA SC 11-020. CMS cannot take action on SC 13-008 until all our concerns for the previous amendment are resolved. In addition, any changes made to SC 11-020 should be included in SC 13-008.

Attachment 4.19-B, Page 3

2. Section 6.a, 6.b, and 6.c - Please clarify the language "Refer to 5". It is unclear what this is referencing.
3. Section 6.b - In the 4th sentence the state has "sate" did the state mean "date"? Please clarify and correct.

4. We would like additional clarification to the state's informal response to our earlier question about the language in your plan regarding the reimbursement methodology for Psychologists. We initially asked whether these services were paid at a certain percentage of the physician fee schedule. According to the state's response "Psychologists are reimbursed at a percentage not to exceed 100 percent of the SC Medicare fee schedule amounts." We do not feel the term "not to exceed" is comprehensive, and want the exact percentage of the Medicare rate that physicians are reimbursed.

#### Home Health Services

5. As a follow up to our informal question regarding home health services, please indicate if the state uses the Medicare Home Health Agency cost report to accumulate and recognize Medicaid costs. Please identify medical supplies and equipment among the components of home health services listed as this is a required component and needs to be noted in the state plan along with the other services listed.

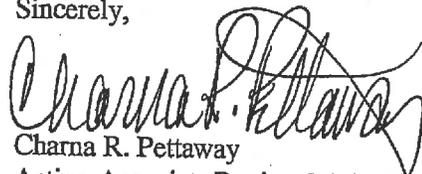
We are requesting this additional/clarifying information under provisions of section 1915(f) of the Social Security Act (added by PL 97-35). This has the effect of stopping the 90-day clock for CMS to take action on the material, which would have expired on September 16, 2013. A new 90-day clock will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, if we have not received the state's response to our request for additional information within 90 days from the date of this letter, we will initiate disapproval action on the amendment. In addition, because this amendment was submitted after January 2, 2001 and is effective after January 1, 2001, please be advised that we will continue to defer FFP for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available for the period beginning with the effective date through the date of approval.

We ask that you respond to this RAI via the Atlanta Regional Office SPA/Waiver e-mail address at [SPA\\_Waivers\\_Atlanta\\_R04@cms.hhs.gov](mailto:SPA_Waivers_Atlanta_R04@cms.hhs.gov). The original signed response should also be sent to the Atlanta Regional Office.

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

Sincerely,



Charna R. Pettaway  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations