

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts	1-3-13

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	001205	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	cc: Mr. Keck, COS Cleared 1/10/13, letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE 1-11-13
		<input type="checkbox"/> FOIA	DATE DUE _____
		<input type="checkbox"/> Necessary Action	DATE DUE _____

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL



OFFICE OF EVALUATION AND INSPECTIONS, REGION VII

1201 WALNUT STREET
SUITE 934
KANSAS CITY, MO 64106

December 27, 2013

Mr. Tony Keck

Director

Department of Health & Human Services

P.O. Box 8206

1801 Main Street

Columbia, SC 29201-8206

RECEIVED

JAN 02 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck,

The U.S. Department of Health and Human Services, Office of the Inspector General (OIG), Office of Evaluation and Inspections, conducts program evaluations to improve the integrity of the programs administered by the Department. OIG is beginning an evaluation examining the populations eligible for the mandatory home health benefit among State Medicaid programs. In order to conduct our evaluation, we need copies of the policies defining who is eligible for the mandatory home health benefit in each State. If we have any questions about the policies received, we may contact your staff for further information in the near future.

Please provide us copies of the relevant State policies defining eligibility for the mandatory home health benefit. These policies could include State administrative codes, provider manuals, or other Medicaid policy documents. This request only includes definitions of eligibility for services provided under the mandatory home health benefit, authorized by §§1902(a)(10)(D) and §1905(a)(7) of the Social Security Act and under Federal regulations at 42 CFR §§ 440.70. It does not include any home health services provided through Medicaid waivers, or through other State plan authorities.

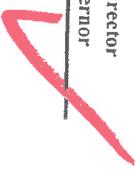
We ask that the requested documents be submitted by January 14, 2013. Please contact Rae Hutchison of my staff to discuss how best to submit the documents at 816-426-4963 or rae.hutchison@oig.hhs.gov. She can answer any questions you or your staff have about this request.

Sincerely,

Brian T. Pattison

Regional Inspector General
for Evaluation and Inspections

Log # 000205



January 10, 2013

Mr. Brian T. Pattison
Regional Inspector General for Evaluation and Inspections
Office of Inspector General
Office of Evaluation and Inspections, Region VII
1201 Walnut Street, Suite 934
Kansas City, MO 64106

Dear Mr. Pattison:

In response to your letter dated December 27, 2012, please find enclosed the South Carolina Department of Health and Human Services Home Health policy. Specifically, included are the State Plan pages regarding Home Health Care Services and the Home Health provider manual section 2 policies and procedures.

Home Health services are provided by licensed and certified home health agencies to eligible beneficiaries who are affected by illness or disability. To receive home health services, beneficiaries must be Medicaid eligible and have received a physician's order for Home Health services. Medicaid home health services are not restricted to a requirement that the beneficiary is homebound.

Should you have any questions about the enclosed policy or require further information, please do not hesitate to contact Nicole Mitchell-Threatt at 803-898-2689 or email mitcheln@scdhhs.gov.

Sincerely,



Byron R. Roberts
General Counsel

BRR/b

Enclosures