


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Hess</i>	DATE <i>1-4-12</i>
-------------------	---------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <div style="text-align: center;"><i>1011247</i></div>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR <div style="text-align: center;"> <i>cc: Mr. Yeet, Depo, CMS file</i>  </div>	

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 & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909



December 21, 2011

RECEIVED

JAN 03 2012

Mr. Anthony E. Keek, Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: South Carolina Title XIX State Plan Amendment, Transmittal #11-019

Dear Mr. Keek:

We have reviewed South Carolina's State Plan Amendment (SPA) 11-019, which was submitted to the Atlanta Regional Office on September 22, 2011. South Carolina submitted the proposed State Plan Amendment to eliminate a 50 mile radius limitation for discharges from hospitals to nursing facilities.

Based on the information provided, we would like to inform you that South Carolina SPA 11-019 was approved on December 21, 2011. The effective date is October 1, 2011. The signed HCFA form 179 and the approved plan pages are enclosed. If you have any questions regarding this amendment please contact Tandra Hodges at (404) 562-7409.

Sincerely,

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: SC 11-019	2. STATE South Carolina
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
10/01/11

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
No Federal Statute/Regulation citation

7. FEDERAL BUDGET IMPACT: FMAP
a. FFY 2011 \$337,009
b. FFY 2012 \$400,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A, page 1

Attachment 3.1-A, page 1

10. SUBJECT OF AMENDMENT:

Limiting patient discharges from hospitals to nursing facility within a 50 mile radius only will be eliminated.

11. 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. Keck was designated by the Governor to
review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Anthony E. Keck

16. RETURN TO:

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

13. TYPED NAME:

Anthony E. Keck

14. TITLE:

Director

15. DATE SUBMITTED:

September 22, 2011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 09/22/11

18. DATE APPROVED:

11/21/11

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:

10/01/11

21. TYPED NAME:

Jackie Olazco

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children Health Ops

23. REMARKS:

Approved with the following changes to item 4 as authorized by State Agency on email dated 12/19/11:

Blocked #6 changed to read 42 CFR 440.10, 42 CFR 440.40

The services listed below must be medically necessary and are subject to utilization review by the South Carolina Department of Health and Human Services (SCDHHS) personnel, and must meet Federal and State laws and regulations.

Prior authorization from the South Carolina Department of Health and Human Services is required before payment will be made for services covered by Medicaid and rendered by an out-of-state provider, excluding those located within a twenty-five (25) mile radius of the South Carolina border.

For referrals out-of-state, the referring physician must obtain PRIOR APPROVAL before out-of-state services are reimbursed. A written request must be submitted to the South Carolina Department of Health and Human Services personnel. Referrals should be made to an out-of-state provider only when the procedure or service is not available within the South Carolina Medical Service Area. All available resources must have been considered and indicated in the request to SCDHHS for the out of state referral.

Out-of-state providers must meet Medicaid enrollment criteria before payment may be made. Payment to out-of-state providers follows federal and state regulations and guidelines as promulgated.

1. INPATIENT HOSPITAL SERVICES. Inpatient Hospital Services must be provided in a general acute care institution licensed as a hospital by the applicable South Carolina licensing authority and certified for participation in the Medicare (Title XVIII) program. Hospital services are subject to the following cost containment measures:

1. Utilization review for appropriateness of treatment and length of stay.
2. Preadmission screening of selected services/procedures.
3. A mandatory outpatient surgery list per fiscal year.

The following procedures are noncovered services: Hospital stays related to clinically unproven procedures and/or experimental procedures, plastic surgical procedures performed for cosmetic reasons, and other procedures determined not be medically necessary.

Abortions and sterilizations are reimbursable in accordance with Federal and State requirements. Coverage for induced abortions is provided when the physician certifies that the pregnancy was a result of rape or incest or the woman suffers from a physical disorder, injury or illness, including a life-endangering physical condition cause or arising from the pregnancy itself, that would place the woman in danger of death unless an abortion is performed.

Effective July 1, 1989 the South Carolina Department of Health and Human Services will sponsor Administrative Day services to recipients who no longer require acute hospital care, but are in need of nursing home placement which is not available at the time. The patient must meet nursing facility level of care. Administrative Days must follow a hospital stay and will be covered in any hospital as long as such care is not available in a nursing home. Swing bed hospitals may furnish Administrative Days provided all swing beds in the hospital are occupied.

2.a OUTPATIENT HOSPITAL SERVICES. Outpatient non-emergency clinic services will be covered.

SC 11-019
EFFECTIVE DATE: 10/01/11
NO APPROVAL: 12/21/11
SUPERSEDES: MA 93-012