

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton/Chavis</i>	DATE <i>3-25-15</i>
-------------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000213</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Kost, Depo, CUS file</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" 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.			

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

March 11, 2015

Mr. Christian L. Soura, Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RECEIVED

MAR 20 2015

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment, SC 14-008

Dear Mr. Soura:

We have reviewed the proposed State Plan Amendment, SC 14-008, which was submitted to the Atlanta Regional Office on December 13, 2014. This state plan amendment is adding Tuberculosis (TB) related services for the optional TB eligibility group pursuant to section 1902(z)(1) of the Social Security Act.

Based on the information provided, the Medicaid State Plan Amendment SC 14-008 was approved on March 11, 2015. The effective date of this amendment is November 4, 2014. We are enclosing the approved HCFA-179 and the plan pages.

A companion letter is also being issued with this approval to address Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) sections of Attachment 4-19-B in the state plan. Based on our review, we determined that approval of this section of the state plan is not integral to the approval of the SPA. However, it was noted that RHC and FQHC sections of the state plan do not include the State's process for adjusting rates when there has been a change in scope of service.

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

Sincerely,

A handwritten signature in dark ink that reads "Jackie Glaze". The signature is written in a cursive, flowing style.

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

Enclosures

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

March 11, 2015

Mr. Christian L. Soura, Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment (SPA), SC 14-008 Companion Letter

Dear Mr. Soura:

This letter is being sent as a companion to our approval of South Carolina State Plan Amendment (SPA) 14-008 that was submitted to provide coverage and reimbursement language for the Tuberculosis Program.

The Centers for Medicare & Medicaid Services (CMS) has the following concerns related to our review of SC SPA 14-008 which include Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) sections of Attachment 4-19-B in the state plan. Based on our review, we determined that approval of this section of the state plan is not integral to the approval of the SPA. However, it was noted that RHC and FQHC sections of the state plan do not include the State's process for adjusting rates when there has been a change in scope of service.

In accordance with Medicaid Prospective Payment System (PPS) for FQHC and RHC enacted into law under section 702 of the Benefits Improvement and Protection Act (BIPA) of 2000 requires that the state plan include language that describes the PPS rate adjustment process when there is a change in scope of services.

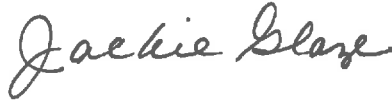
Section 702 of BIPA 2000 states that the PPS rate must be "adjusted to take into account any increase or decrease in the scope of such services furnished by the center or clinic during the fiscal year". A change in the scope of FQHC/RHC services shall occur if: (1) the center/clinic has added or has dropped any service that meets the definition of FQHC/RHC services as provided in section 1905(a)(2)(B) and (C); and, (2) the service is included as a covered Medicaid service under the Medicaid state plan approved by the Secretary. A change in the 'scope of services' is defined as a change in the type, intensity, duration and/or amount of services. A change in the cost of a service is not considered in and of itself a change in the scope of services. In making such an adjustment, state agencies must add on the cost of new FQHC/RHC services even if these services do not require a face-to-face visit with a FQHC/RHC provider, e.g., laboratory, x-rays, drugs, outreach, case management, transportation, etc.

Mr. Christian L. Soura
Page 2

Within 90 days of the date of this letter, the state is required to submit a State plan amendment that resolves the issues, or a corrective action plan to resolve the issues, whichever is most appropriate. During the 90-day period, CMS is available to provide technical assistance to the state. State plans that are not in compliance with the requirement referenced above are grounds for initiating a formal compliance process.

If you have any questions regarding this amendment, please contact Cheryl Wigfall at (803) 252-7299.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

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

Enclosures

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

1. TRANSMITTAL NUMBER:
SC 14-008

2. STATE
South Carolina

FOR: HEALTH CARE FINANCING ADMINISTRATION

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
November 4, 2014

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:
1902(a)(10)(A)(ii)(XII) 1902(z)

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 \$ 2,908,317
b. FFY 2016 \$ 3,207,056

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A page 8
Supplemental Attachment 3.1-A page 8z.2
Attachment 4.19 B page 6e.6

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

Attachment 3.1-A page 8
Supplement Attachment 3.1-A page 8z.2
Attachment 4.19-B page 6e.6

10. SUBJECT OF AMENDMENT:

This State Plan provides coverage language for the Tuberculosis Program.

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

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

13. TYPED NAME:
Christian L. Soura

14. TITLE:
Interim Director

15. DATE SUBMITTED:
December 10, 2014

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12-13-14

18. DATE APPROVED: 03-11-15

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
11-04-14

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:
Jackie Glaze

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

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case Management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

☒ Provided: ☒ With limitations*

☐ Not Provided

- b. Special tuberculosis (TB) related services under section 1902z)(2)(F) of the Act.

☒ Provided: ☒ With limitations*

☐ Not Provided

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

☒ Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

☒ Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

SC 14-008
Effective Date:11/04/14
Approval Date:03-11-15
Supersedes MA 99-002

19.b Tuberculosis (TB) related services under section 1902(z)(2)(A) - (D) and (F) of the Act

TB related services are available for persons identified as having active TB disease, or who have been exposed to TB. Recipients who are identified with TB disease or TB infection who are in other eligibility category and those who qualify for TB Only Related Services will be covered. TB-related services listed in section 1902(z)(2)(A)-(D) are furnished to the same extent as these services are available to other categorically needy individuals when the service is related to the diagnosis, treatment or management of the eligible individual's TB.

Services include:

- Prescribed drugs;
- Physician services and services related to TB including outpatient hospital services, public health clinics, rural health clinic services, and federally qualified health center services;
- Laboratory and X-ray services (including those to confirm the presence of infection or disease);

Directly Observed Therapy (DOTDOT services are covered where patients are observed to ingest each dose of anti-tuberculosis medications, to maximize the likelihood of completion of therapy. DOT services includes medication monitoring.

Non-Covered Services

- This plan does not cover hospital stays or room and board.

Providers Eligible to Bill for this Service

The South Carolina Department of Health and Environmental Control (SCDHEC) is the single state agency that is responsible to protect the citizens by treating both TB and latent TB, identifying and testing individuals exposed to TB, and screening and testing persons who might have a high risk of getting the disease. SCDHEC clinic providers and all Medicaid enrolled providers with prescriptive authority are responsible for prescribing an appropriate medication regimen and also for ensuring successful completion of established SCDHEC TB protocols.

To be eligible to bill for TB services a provider shall:

- a. meet South Carolina Medicaid qualifications for participation;
- b. be currently Medicaid - enrolled; and
- c. bill only for procedures and services that are within the scope of their clinical practice, as defined by S. C. Labor Licensing and Regulation.

The following providers in a health department setting are eligible to perform this service:

- a. Physicians
- b. Nurse practitioners
- c. Physician assistants
- d. Public Health Nurses (A public Health Nurse is a Registered Nurse or Nurse Practitioner that is working under the approved protocol of a Public Health Physician)

19. b. Payment for Tuberculosis (TB) related services under section 1902z)(2)(F) of the Act

TB related services are covered on or after November 4, 2014.

- Reimbursement for Physician Services, Laboratory and X-Ray Services will be according to an established fee schedule based on the methodology outlined in the Physician Services section 5 of Attachment 4.19-B. The Physician Services fee schedule rates are effective for services provided on or after the implementation date as outlined in the Physician Services section 5 of Attachment 4.19-B.
- Reimbursement for Outpatient Hospitals will be according to the established methodology outlined in the Outpatient Hospital Services section 2.a. of Attachment 4.19-B and are effective for services provided on or after implementation date as outlined in the Outpatient Hospital Services section of Attachment 4.19-B.
- Reimbursement for RHC and FQHC Clinic Services will be according to the established methodology outlined in the RHC and FQHC section 2b. and 2c. of Attachment 4.19-B and are effective for services provided on or after implementation date as outlined in the RHC and FQHC section 2b and 2c of Attachment 4.19-B.
- Reimbursement for Clinic Services will be according to the established methodology outlined in the Clinical Services section 9 of Attachment 4.19-B and are effective for services provided on or after implementation date as outlined in the Clinical Services section 9 of Attachment 4.19-B.
- Reimbursement for Pharmacy Services will follow the methodology outlined in the Prescribed Drugs section 12.a. of Attachment 4.19-B. Drugs prescribed to treat TB are exempt from cost sharing.

Medicaid Bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's web site at <http://www.scdhhs.gov/ServiceProviders/FeeSchedules.asp>.

SC 14-008
EFFECTIVE DATE: 11/04/14
RO APPROVAL: 03-11-15
SUPERSEDES: New Page