

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

May 22, 2017

Ms. Deirdra Singleton, Interim Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RECEIVED

MAY 25 2017

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment (SPA), SC 17-0002

Dear Ms. Singleton;

Enclosed is an approved copy of South Carolina's state plan amendment (SPA) 17-0002, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31, 2017. The purpose of this amendment is to update Non-Emergency Medical Transportation (NEMT) services, and achieve compliance with the requirements for NEMT services under the broker model.

Based on the information provided, the Medicaid SPA SC 17-0002 was approved on May 22, 2017. The effective date of this amendment is January 1, 2017. We are enclosing the approved plan pages.

If you have any additional questions, please contact Maria Drake at (404) 562-3697 or Maria.Drake@cms.hhs.gov.

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**

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

1. TRANSMITTAL NUMBER:
17-0002

2. STATE
South Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
January 1, 2017

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:
42 CFR 440.170(a)

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 \$ 0
b. FFY 2018 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Basic Index page, 24
Attachment 3.1-A pages, 9a, 9a.1, 9a.2, 9a.3, 9a.4 (New Page)
Supplement 2 to Attachment 3.1-A pages, 1, 2
Attachment 3.1-A Limitation Supplement pages, 9c, 9d
Attachment 3.1-D page, 1
Attachment 4.19-B pages, 6h, 6h.1, 6h.2, 6h.3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Basic Index, page 24
Attachment 3.1-A pages, 9a, 9a.1, 9a.2, 9a.3
Supplement 2 to Attachment 3.1-A pages, 1, 2
Attachment 3.1-A Limitation Supplement pages, 9c, 9d (deleting
pages 9e, 9f, 9g & 9h from State Plan)
Attachment 3.1-D page, 1 (Page 2 is being deleted)
Attachment 4.19-B pages, 6h, 6h.1, 6h.2, 6h.3

10. SUBJECT OF AMENDMENT:

Non-Emergency Medical Transportation Services

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:

13. TYPED NAME:

Christian L. Soura

14. TITLE:

Director

15. DATE SUBMITTED:

March 30, 2017

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 03/31/17

18. DATE APPROVED: 05/22/17

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
01/01/17

20. SIGNATURE OF REGIONAL OFFICIAL:

Jackie Glaze

21. TYPED NAME: Jackie Glaze

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

23. REMARKS: Approved with the following changes to block # 8 and 9:

Block # 8 changed to read: Attachment 3.1-A pages, 9a, 9a.1 thru 9a.6 (pages 9a.4 thru 9a.6(new pages); attachment 3.1-D pages 1, 2
and 3: attachment 3.1-A; Limitation Supplement pages 9c and 9d.

Block # 9 changed to read: Attachment 3.1-A pages, 9a, 9a.1 thru 9a.3; attachment 3.1-D pages 1 and 2 attachment 3.1-A Limitation
Supplement pages 9c and 9d (deleting Pages 9e, 9f, 9g and 9h from the state plan; Supplement 2 attachment 3.1-A page delete 2 from the
state plan

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 17-0002	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 January 1, 2017

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: 42 CFR 440.170(a)	7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$ 0 b. FFY 2018 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Basic Index page, 24 Attachment 3.1-A pages, 9a, 9a.1, 9a.2, 9a.3, 9a.4 (New Page) Supplement 2 to Attachment 3.1-A pages, 1, 2 Attachment 3.1-A Limitation Supplement pages, 9c, 9d Attachment 3.1-D page, 1 Attachment 4.19-B pages, 6h, 6h.1, 6h.2, 6h.3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Basic Index, page 24 Attachment 3.1-A pages, 9a, 9a.1, 9a.2, 9a.3 Supplement 2 to Attachment 3.1-A pages, 1, 2 Attachment 3.1-A Limitation Supplement pages, 9c, 9d (deleting pages 9e, 9f, 9g & 9h from State Plan) Attachment 3.1-D page, 1 (Page 2 is being deleted) Attachment 4.19-B pages, 6h, 6h.1, 6h.2, 6h.3

10. SUBJECT OF AMENDMENT:
Non-Emergency Medical Transportation Services

11. GOVERNOR'S REVIEW (Check One):

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☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
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12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Christian L. Soura

14. TITLE:
Director

15. DATE SUBMITTED:
March 30, 2017

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South Carolina Department of Health and Human Services
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PLAN APPROVED - ONE COPY ATTACHED

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01/01/17

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Jackie Glaze

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

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Block # 8 changed to read: Attachment 3.1-A pages, 9a, 9a.1 thru 9a.6 (pages 9a.4 thru 9a.6 (new pages); attachment 3.1-D pages 1, 2 and 3: attachment 3.1-A; Limitation Supplement pages 9c and 9d.
Block # 9 changed to read: Attachment 3.1-A pages, 9a, 9a.1 thru 9a.3; attachment 3.1-D pages 1 and 2 attachment 3.1-A Limitation Supplement pages 9c and 9d (deleting Pages 9e, 9f, 9g and 9h from the state plan; Supplement 2 attachment 3.1-A page delete 2 from the state plan

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: South Carolina

SECTION 3 – SERVICES: GENERAL PROVISIONS

3.1 Amount, Duration, and Scope of Services

Medicaid is provided in accordance with the requirements of sections 1902(a), 1902(e), 1903(i), 1905(p), 1905(r), 1905(s), 1906, 1915, 1916, 1920, 1925, 1929, and 1933 of the Act; section 245(A)(h) of the Immigration and Nationality Act; and 42 CFR Parts 431, 440, 441, 442, and 483.

A. Categorically Needy

24. Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary in accordance with section 1905(a)(28) of the Social Security Act and 42 CFR 440.170.

☐ Non-emergency transportation is provided in accordance with 42 CFR §431.53 as an administrative Service.

☐ Without limitations ☐ With limitations (Describe limitations in a Supplement 3.1A either a Supplement or in Attachment 3D).

STOP HERE IF ANY OF THE ABOVE BOXES HAVE BEEN CHECKED

☐ Non-emergency transportation is provided without a broker in accordance with 42 CFR §440.170 as an optional medical service, excluding “school-based” transportation.

☐ Without limitations ☒ With limitations (Describe limitations in a Supplement 3.1A either a Supplement or in Attachment 3D).

(If non-emergency transportation is provided without a broker as an optional medical service or as an administrative service, **the state should describe in Attachment 3.1D how the transportation program operates** including types of transportation and transportation related services provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with Agencies or programs.)

☒ Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902 (a)(70) of the Social Security Act and with 42 CFR 440.170(a)(4).

☒ The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(i).

☒ (1) The State will operate the broker program without regard to the requirements of the following paragraphs of section 1902(a);

- ☐ (1) State-wideness (Please indicate the areas of State that are covered by the broker. If the State chooses to contract with more than one broker the State must provide a separate preprint for each broker)
- ☐ (10)(B) Comparability
- ☒ (23) Freedom of Choice
- ☒ (2) Transportation services provided will include:
- ☒ wheelchair van
 - ☐ taxi
 - ☒ stretcher car
 - ☒ bus passes
 - ☐ tickets
 - ☐ secured transportation
 - ☒ other transportation (if checked describe below other types of transportation provided.)
- Ambulatory, city or county public transportation, gas reimbursement, basic life support, advanced life support, bariatric transportation, air ambulance, train and aircraft.
- ☒ (3) The State assures that transportation services will be provided under a contract with a broker who:
- (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs:
 - (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and transport personnel are licensed, qualified, competent and courteous:
 - (iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services:
 - (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physical referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate.)
- ☒ (4) The broker contract will provide transportation to the following categorically needy mandatory populations:
- ☒ Low-income families with children (section 1931)
 - ☒ Deemed AFDC-related eligibles
 - ☒ Poverty-level related pregnant women
 - ☒ Poverty level infants
 - ☒ Poverty-level children 1 through 5
 - ☒ Poverty-level children 6 - 18
 - ☒ Qualified pregnant women AFDC – related

- ☒ Qualified children AFDC - related
 - ☒ IV-E foster care and adoption assistance children
 - ☒ TMA recipients (due to employment) (section 1925)
 - ☒ TMA recipients (due to child support)
 - ☒ SSI recipients
- ☒ (5) The broker contract will provide transportation to the following categorically needy optional populations.
- ☒ Optional poverty-level – related pregnant women
 - ☒ Optional poverty-level – related infants
 - ☒ Optional targeted low income children
 - ☒ Non IV-E children who are under State adoption assistance agreements
 - ☒ Non IV-E independent foster care adolescents who were in foster care on their 18th birthday
 - ☒ Individuals who meet income and resource requirements of AFDC or SSI
 - ☐ Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency. Individuals who would be eligible for AFCE if State plan had been as broad as allowed under Federal law
 - ☐ Children aged 15-20 who meet AFDC income and resource requirements
 - ☒ Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
 - ☒ Individuals infected with TB
 - ☒ Individuals screened for breast or cervical cancer by CDC program
 - ☒ Individuals received COBRA continuations benefits
 - ☒ Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
 - ☒ Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution (please note that the broker may only provide transportation to and from 1905(a) services)
 - ☒ Individuals terminally ill if in a medical institution and will receive hospice care
 - ☒ Individuals aged or disabled with income not about 100% FPL
 - ☐ Individuals receiving only an optional State supplement in 209(b) State
 - ☐ Individuals working disabled who buy into Medicaid (BBA working disabled group)
 - ☒ Employed medically improved individuals who buy into Medicaid TWWIIA Medical Improvement Group
 - ☒ Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).
 - ☐ Individuals eligible under 1902(a)(10)(A)(i) – new eligibility group VIII (very-low income adults who are not otherwise eligible under any other mandatory eligibility group)
- ☒ (6) Payment Methodology

(A) Please describe the methodology used by the State to pay the broker:

Broker Transportation Services:

Effective July 1, 2006, the South Carolina Department of Health and Human Services began providing Non-Emergency Medical Transportation Services through a Broker System. Under this system, the broker(s) will be responsible for the administration and provision of non-emergency medical transportation services provided to eligible Medicaid members within the state. Effective March 1, 2011, Broker providers began receiving on a monthly basis one twelfth of the fixed price annual bid amount developed by the Broker(s) for the regions awarded during the competitive procurement process as payment will be made via a gross adjustment. An adjustment may be made to the monthly payment in the event that the average retail price of fuel, including taxes, varies from one quarter to the next quarter by more than 20% in accordance with the following criteria:

During an abnormal disruption of the market as defined by South Carolina Code 39-5-145 in which the average retail price of fuel including taxes varies from one quarter to the next quarter by more than twenty percent (20%) according to the United States Department of Energy (DOE) quarterly average price index for the east coast region (PADD1), the Broker will be required to submit an addendum to the normal monthly invoice requesting an adjustment. For adjustment requests where the fuel price index increases by more than twenty percent (20%) from the previous quarter, the adjustment will be calculated by multiplying the fuel cost line item listed on the price proposal for the months effected, by one plus the additional percentage variance above twenty percent (20%). The DOE PADD1 index and forecast information is located on the DOE US Energy Information Administration website under forecasts and analysis of the short term energy outlook (http://tonto.eia.doe.gov/cfapps/STEO_TableBuilder/index.cfm).

(B) Please describe how the transportation provider will be paid:

The Transportation Broker (Broker) is responsible for payments to transportation providers. These providers are required to submit fulfilled trips to the Broker within contractual timelines in order to be considered for payment. The Broker will match the submitted trips to their approved trip logs and will make payment directly to the transportation providers for all matching trips twice monthly.

Rates paid to each transportation provider are the responsibility of the Broker and are designated in the Broker/Transportation Provider contract. SCDHHS is not involved in the establishment of the transportation provider rates.

(C) What is the source of the non-Federal share of the transportation payments? Describe below the source of the non-Federal share of the transportation payments proposed under the State plan amendment. If more than once source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

State Appropriations received via the annual state budget process as appropriated by the South Carolina General Assembly.

- ☒ (D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.
- ☒ (E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).

- ☐ (F) The State has included Federal Medicaid matching funds as State match when drawing down FTA SAFETEA-LU grants.
- ☒ (7) The broker is a non-governmental entity:
- ☒ The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 CFR 440.170(4)(ii).
 - ☐ The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:
 - ☐ Transportation is provided in a rural area as defined at 42 CFR 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
 - ☐ Transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.
 - ☐ The availability of other non-governmental Medicaid participating providers or other Providers determined by the State to be qualified is insufficient to meet the need for transportation.
- ☐ (8) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:
- ☐ Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.
 - ☐ Document that with respect to each individual beneficiary's specific transportation needs, the government provider is the most appropriate and lowest cost alternative.
 - ☐ Document that the Medicaid program is/ paying no more for fixed route public transportation than the rate charged to the general public and no more for public paratransit services than the amount charged to other human services agencies for the same service.
- (9) Please provide a complete description of how the NEMT brokerage program operates. Include all services provided by the broker (call center, over-sight of provider, etc.). If applicable, describe any transportation services that will not be provided by the broker and how these services will be provided.

The South Carolina Department of Health and Human Services shall ensure the provision of Non-Emergency Medical Transportation (NEMT) services through a Transportation Broker (Broker) model. The program covers transportation to and from health care services when those services are covered under the Medicaid State Plan. These services shall be provided to Medicaid Members eligible to receive fee-for-service NEMT services. The broker is an independent, non-governmental entity and may not itself provide transportation under the contract with the State, or refer to or subcontract with a transportation provider with which it has a financial relationship. The Broker shall comply with state and federal laws and regulations and the South Carolina State Plan for Medical Assistance. Federal regulations regarding NEMT services are described in 42 CFR 440.170.

NEMT services shall be provided within each region prior to January 2018 and statewide beginning thereafter. The Broker must fulfill all verified trip requests and must ensure that all trips are completed safely, on-time, and in compliance with all state and federal regulations and the South Carolina State Plan for Medical Assistance. SCDHHS expects the Broker to coordinate the delivery of trip coverage twenty-four (24) hours a day, seven (7) days a week, through written contracts for the delivery of NEMT services. The Broker shall process trip requests directly from eligible members or from facilities on behalf of an eligible member for approved NEMT services within the South Carolina Medical Service Area (SCMSA).

NEMT transportation shall include:

- City or County public transportation;
- Gas reimbursement programs;
- Ambulatory transportation;
- Wheelchair transportation;
- Stretcher transportation;
- Basic Life Support ambulance transportation;
- Advanced Life Support ambulance transportation;
- Specialized transportation including transportation for bariatric patients;
- Air Ambulance;
- Intrastate public conveyance (bus, train, aircraft).

The Broker(s) shall be responsible for the administrative oversight of the NEMT program as outlined in the contract with SCDHHS and shall:

- Recruit and negotiate contracts with to ensure an adequate network of qualified transportation providers;
- Establish and operate a call center;
- Determine the most appropriate level of transportation for members;
- Schedule trip assignments for covered services to eligible members and escorts;
- Process and pay transportation providers for approved NEMT services rendered;
- Ensure compliance of transportation providers with NEMT Broker contract terms and conditions;
- Monitor fraud and abuse and make referrals to SCDHHS' Program Integrity Department as appropriate;
- Perform quality assurance activities that include but are not limited to, corrective action plans, federal and state required audits/reviews and monitoring complaints;
- Produce management and performance reports in a timely manner.

SCDHHS performs daily, monthly and quarterly monitoring of the Broker to ensure compliance with all contract terms. On a daily basis, SCDHHS reviews all incidents. On a monthly basis, SCDHHS reviews Broker submitted monthly reports that summarize all trips, complaints and call center statistics as well as a dashboard report that contains the contract metrics for on-time performance and call center metrics. SCDHHS also reviews recorded calls to the Broker for compliance with operating procedures. On a quarterly basis, SCDHHS reviews member satisfaction surveys and participates in scheduled and unscheduled transportation site visits, performing driver, vehicle and record reviews.

Access to Non-Emergency Transportation for Dual Eligible Beneficiaries Receiving Medicare Part D Outpatient Drugs

Transportation to and from a pharmacy to obtain Part D prescription drugs is covered for full benefit dual eligible beneficiaries and is provided through the Broker. No transportation to and from a pharmacy is available when the pharmacy delivers or can provide medications by mail order.

Coverage of Meals, Lodging and Escorts:

In-state and out-of-state services for transportation, lodging and meals for members and escorts related to covered services shall be limited to prior approved arrangements and reimbursement as determined to be appropriate by the Broker of SCDHHS. When the State, in its sole discretion, determines it to be efficient, cost effective and medically necessary, an escort may accompany the recipient to and from covered medical services. The Broker will make a case-by-case determination of the type of lodging arrangements and amount of reimbursement as may be appropriate for in-state lodging and meals for beneficiaries and escorts.

E. Family Planning

Family planning services should be an integral part of the medical and social care of the Medicaid eligible pregnant woman and parent of a newborn infant. The patient should be encouraged to seek and adhere to a family planning program of her choice. Family planning services are documented in the appropriate Medicaid Provider Manuals.

Existing family planning services focus on physical examinations to determine the appropriateness of a birth control method and the dispensing of the method (e.g., birth control pills, condoms). The enhanced family planning services provide for counseling and education to help pregnant women a) plan for their postpartum birth control method; b) make informed decisions regarding sterilization; and c) become aware of the potential health hazards of another pregnancy before the body has had time to heal from the current one. Existing family planning codes are not reimbursable at rates that include a provider's cost for the additional staff time to provide intensive counseling and education components. These enhanced services assure that the patient receives the vital information by accommodating the additional cost. The patient's freedom of choice for family planning services and/or family planning providers will not be restricted.

F. General Maternal Care

Antepartum and postpartum examinations are unlimited and not restricted by the Ambulatory Care visit limitations. All medical services including laboratory and x-ray are provided as medically indicated without limitations.

24.a Transportation Services

GENERAL DESCRIPTION OF SERVICES EXCLUDED FROM THE NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT)BROKER PROGRAM

A. Emergency Ambulance Services

Emergency ambulance services is a Medicaid covered service that is delivered outside of the NEMT Broker program. These services are available through the emergency management system, which typically originates with a call to 911. Medical necessity for ambulance transport is established when the member's condition warrants an emergency transport for the purpose of receiving services covered under the Medicaid State Plan. Emergency ambulance services shall also include air ambulance transport by fixed and rotary wing aircraft. Emergency ambulance services are covered by Medicaid for the fee-for-service members and by the Managed Care Organizations (MCOs) for the managed care enrolled members.

SC: 17-0002
EFFECTIVE DATE: 01/01/17
RO APPROVAL: 05/22/17
SUPERSEDES: SC 11-002

B. Special Needs Transportation

Special Needs transportation services is a Medicaid covered service that is delivered outside of the NEMT Broker program. State agencies provide special needs transportation to designated populations under contract with SCDHHS. Identified state agencies that provide this transportation are the School for the Deaf and Blind, the Department of Social Services, Continuum of Care and the Department of Education. The special needs populations approved for these services are generally comprised of unescorted children, consumers of some mental health and therapeutic services and other special Medicaid eligible members with unique transportation needs. Transports are generally provided for Medicaid eligible members to mental health or behavioral treatment services at community-based providers. Special needs transportation services are covered by Medicaid as fee-for-service, regardless of the member's enrollment in a Managed Care Organization (MCO).

C. ADULT DAY HEALTHCARE TRANSPORTATION UNDER 15 MILES

NET broker services are not furnished for beneficiary transport to an Adult Day Health Care center within an exclusion zone of 15 mile radius of an Adult Day Health Care facility. Beneficiary transport within the 15 mile zone is the responsibility of the Adult Day Health Care provider. The cost of Beneficiary transportation to Adult Day Health Care services within the 15 mile radius of the facility is the responsibility of the Adult Day Health Care Provider.

SC: 17-0002
EFFECTIVE DATE: 01/01/17
RO APPROVAL: 05/22/17
SUPERSEDES: SC 11-002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: SOUTH CAROLINA

METHODS OF PROVIDER TRANSPORTATION

The South Carolina Department of Health and Human Services shall ensure the provision of Non-Emergency Medical Transportation (NEMT) services through a Transportation Broker (Broker) model. The program covers transportation to and from health care services when those services are covered under the Medicaid State Plan. These services shall be provided to Medicaid Members eligible to receive fee-for-service NEMT services. The broker is an independent, non-governmental entity and may not itself provide transportation under the contract with the State, or refer to or subcontract with a transportation provider with which it has a financial relationship. The Broker shall comply with state and federal laws and regulations and the South Carolina State Plan for Medical Assistance. Federal regulations regarding NEMT services are described in 42 CFR 440.170.

NEMT services shall be provided within each region prior to January 2018 and statewide beginning thereafter. The Broker must fulfill all verified trip requests and must ensure that all trips are completed safely, on-time, and in compliance with all state and federal regulations and the South Carolina State Plan for Medical Assistance. SCDHHS expects the Broker to coordinate the delivery of trip coverage twenty-four (24) hours a day, seven (7) days a week, through written contracts for the delivery of NEMT services. The Broker shall process trip requests directly from eligible members or from facilities on behalf of an eligible member for approved NEMT services within the South Carolina Medical Service Area (SCMSA).

NEMT transportation shall include:

- City or County public transportation;
- Gas reimbursement programs;
- Ambulatory transportation;
- Wheelchair transportation;
- Stretcher transportation;
- Basic Life Support ambulance transportation;
- Advanced Life Support ambulance transportation;
- Specialized transportation including transportation for bariatric patients;
- Air Ambulance;
- Intrastate public conveyance (bus, train, aircraft).

The Broker(s) shall be responsible for the administrative oversight of the NEMT program as outlined in the contract with SCDHHS and shall:

- Recruit and negotiate contracts with to ensure an adequate network of qualified transportation providers;
- Establish and operate a call center;
- Determine the most appropriate level of transportation for members;
- Schedule trip assignments for covered services to eligible members and escorts;

SC 17-0002
EFFECTIVE DATE: 01/01/17
RO APPROVAL: 05/22/17
SUPERSEDES: 06-008

- Process and pay transportation providers for approved NEMT services rendered;
- Ensure compliance of transportation providers with NEMT Broker contract terms and conditions;
- Monitor fraud and abuse and make referrals to SCDHHS' Program Integrity Department as appropriate;
- Perform quality assurance activities that include but are not limited to, corrective action plans, federal and state required audits/reviews and monitoring complaints;
- Produce management and performance reports in a timely manner.

GENERAL DESCRIPTION OF SERVICES EXCLUDED FROM THE NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT) BROKER PROGRAM

A. Emergency Ambulance Services

Emergency ambulance services is a Medicaid covered service that is delivered outside of the NEMT Broker program. These services are available through the emergency management system, which typically originates with a call to 911. Medical necessity for ambulance transport is established when the member's condition warrants an emergency transport for the purpose of receiving services covered under the Medicaid State Plan. Emergency ambulance services shall also include air ambulance transport by fixed and rotary wing aircraft. Emergency ambulance services are covered by Medicaid for the fee-for-service members and by the Managed Care Organizations (MCOs) for the managed care enrolled members.

B. Special Needs Transportation

Special Needs transportation services is a Medicaid covered service that is delivered outside of the NEMT Broker program. State agencies provide special needs transportation to designated populations under contract with SCDHHS. Identified state agencies that provide this transportation are the School for the Deaf and Blind, the Department of Social Services, Continuum of Care and the Department of Education. The special needs populations approved for these services are generally comprised of unescorted children, consumers of some mental health and therapeutic services and other special Medicaid eligible members with unique transportation needs. Transports are generally provided for Medicaid eligible members to mental health or behavioral treatment services at community-based providers. Special needs transportation services are covered by Medicaid as fee-for-service, regardless of the member's enrollment in a Managed Care Organization (MCO).

C. ADULT DAY HEALTHCARE TRANSPORTATION UNDER 15 MILES

NET broker services are not furnished for beneficiary transport to an Adult Day Health Care center within an exclusion zone of 15 mile radius of an Adult Day Health Care facility. Beneficiary transport within the 15 mile zone is the responsibility of the Adult Day Health Care provider. The cost of Beneficiary transportation to Adult Day Health Care services within the 15 mile radius of the facility is the responsibility of the Adult Day Health Care Provider.

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**Access to Non-Emergency Transportation for Dual Eligible Beneficiaries
Receiving Medicare Part D Outpatient Drugs**

Transportation to and from a pharmacy to obtain Part D prescription drugs is covered for full benefit dual eligible beneficiaries and is provided through the Broker. No transportation to and from a pharmacy is available when the pharmacy delivers or can provide medications by mail order.

Coverage of Meals, Lodging and Escorts:

In-state and out-of-state services for transportation, lodging and meals for members and escorts related to covered services shall be limited to prior approved arrangements and reimbursement as determined to be appropriate by the Broker of SCDHHS. When the State, in its sole discretion, determines it to be efficient, cost effective and medically necessary, an escort may accompany the recipient to and from covered medical services. The Broker will make a case-by-case determination of the type of lodging arrangements and amount of reimbursement as may be appropriate for in-state lodging and meals for beneficiaries and escorts.

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