

Table of Contents

State/Territory Name: SOUTH CAROLINA

State Plan Amendment (SPA) #: SC-24-0020

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

October 31, 2024

Robert M. Kerr
Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

RE: TN 24-0020

Dear Director Kerr,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed South Carolina State Plan Amendment (SPA) to Attachment 4.19-B 24-0020, which was submitted to CMS on September 30, 2024. This plan amendment updates the reimbursement methodology for Rehabilitative Therapy Services (OT, PT and ST).

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Ysabel Gavino via email at Maria.Gavino@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER

2 4 — 0 0 2 0

2. STATE

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3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.110; 1905(a)(11)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a FFY 2024 \$ 704,516

b FFY 2025 \$ 2,823,736

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, pages 2a, 2a.1, 3b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B, pages 2a, 2a.1, 3b

9. SUBJECT OF AMENDMENT

This SPA updates the reimbursement methodology for rehabilitative therapy services (OT, PT, and ST).

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

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Robert M. Kerr

13. TITLE

Director

14. DATE SUBMITTED

September 30, 2024

15. RETURN TO

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

FOR CMS USE ONLY

16. DATE RECEIVED

September 30, 2024

17. DATE APPROVED

October 31, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

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SC 24-0020
EFFECTIVE DATE: 07/01/24
APPROVAL DATE: October 31, 2024
SUPERSEDES: SC 08-026

Orientation and Mobility Services

B. Orientation and Mobility Services are evaluation and treatment services provided to assist blind and visually impaired individuals achieve maximum independence. The fixed 15 minute rate, applied to both evaluation and treatment services as follows:

T1024/000	Orientation and Mobility Assessment
T1024/0TS	Orientation and Mobility Reassessment
T1024/0TM	Orientation and Mobility Services

This rate has been established at sixty percent (60%) of the average of the 2005 Medicare rates for the following three CPT codes:

97533	Sensory Integration
97535	Self Care Management Training
97537	Community/Work Reintegration

SC 24-0020
EFFECTIVE DATE: 07/01/24
APPROVAL DATE: October 31, 2024
SUPERSEDES: SC 08-026

11.a. Physical Therapy/Occupational Therapy:

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11.b. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physical or occupational therapy services. Payments to physical therapists and occupational therapists are based on the following methodology:

- The Medicaid fee schedule rates for certain general therapy treatment services are set at 70% of the 2024 Medicare Physician Fee Schedule.
- The Medicaid fee schedule rates for all other physical therapy and occupational therapy services are set at 83% of the 2024 Medicare Physician Fee Schedule.
- The agency's Physical Therapy and Occupational Therapy fee schedule rates are effective for services provided on or after July 1, 2024. 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>.

The SCDHHS does not publish a fee schedule for Hospitals and Home Health services. The payment methodology for Hospital Services can be found at 4.19-B page 1a.1 and Home Health can be found at 4.19-B page 3a.

11.c. Speech/Language and Audiological Services:

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of speech-language pathology or audiological services.

Payments to speech-language pathologists are based on the following methodology:

- The Medicaid fee schedule rates for speech/language therapy services are set at 83% of the 2024 Medicare Physician Fee Schedule except for the following codes:
 - The rate for 92507 is \$24.81 per 15-minute unit.
 - The rate for 92508 is \$11.60 per 15-minute unit.
- Speech-Language Therapy fee schedule rates are effective for services provided on or after July 1, 2024.

Payment to audiologists will be according to an established fee schedule as based on the methodology outlined in the Physician Section 5, Attachment 4.19-B, Page 2a.2. The Physician Services fee schedule rates are effective for services provided on or after the implementation date as outlined in the Physician Section 5, Attachment 4.19-B, Page 2a.2. 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>.

The SCDHHS does not publish a fee schedule for Hospitals and Home Health services. The payment methodology for Hospital Services can be found at 4.19-B page 1a.1 and Home Health can be found at 4.19-B page 3a.