

Chiropractic services must conform to policies, guidelines and limitations as specified in the Chiropractic Services Manual. Chiropractic providers are licensed practitioners and provide services within the scope of practice as defined under State law and in accordance with the requirements of CFR 440.60(a)

6.d Other Medical Care or Remedial Care Provided by Other Practitioners

Certified Registered Nurse Anesthetist/AA - Certified Registered Nurse Anesthetist/AA are authorized to perform anesthesia services only. The scope of their practice is limited to that which is allowed under State Law. A copy of their certification must be on file at the practice site.

Nurse Practitioner - Nurse Practitioners are authorized to perform certain services pertaining to their specific approved written protocols. The scope of their practice is limited to that which is allowed under State Law and as documented in written protocol between the nurse practitioners and their physician preceptors. The written protocol must be submitted to SHHSFC prior to enrollment.

Psychologists - Psychological services are covered when prescribed by an EPSDT screen and prior authorization process. Services covered include psychological testing, evaluation and therapy. Reimbursements to practitioners are restricted to psychologists that hold doctoral level diploma, and have a valid state license as a Clinical, psychologist approved by the State Board of Examiners in Psychology.

Other psychological services not related to EPSDT are limited to providers employed by certified and enrolled Medicaid providers with restrictions as prescribed in the hospital, physicians, and clinic sections of the plan.

Licensed Midwife - Medicaid coverage includes all obstetrical services, newborn care and medical services that are published in the South Carolina Medicaid Physician and Clinical Services Manual, with appropriate revisions and updates. All services must be medically justified and rendered in accordance with the standards of care and services prescribed by the appropriate licensing and regulation agency(ies) under the laws of the State of South Carolina.

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Social Work Services to Enhance the Effectiveness of Home Health Services:

Under the direction of a plan of care which has been signed by a physician, qualified medical social services may be provided to Medicaid home health recipients under the direct care of a Medicare certified home health agency contracted with the State Medicaid agency.

Specific services necessitate the skills and capabilities of a qualified medical social worker to be performed safely and effectively. Medical social service functions must be provided by a social worker with a graduate degree from an accredited school of social work. All practitioners must be licensed in accordance with federal and state requirements; be supervised by the clinical director of the home health agency; meet all requirements found in CFR 440.60, and be employed by a Medicare certified home health agency that is contracted with SCDHHS to provide services.

Services provided must be identified during an assessment process of the social, emotional, and environmental issues and focused on the medical condition or the rate of recovery of the patient. The assessment must also include the relationship of the patient's medical and nursing requirements to the patient's home situation, financial resources and availability of community resources.

The medical social services staff identifies and obtains referrals to community resources on behalf of the patient; advocates through consultation, liaison, and interdisciplinary collaboration for the services for the patient, whose risk status may interfere with the achievement of the home health goals; and interface with the resolution of identified patient problems that cannot be resolved.

A continuous evaluation process is implemented to assess the achievement of specified goals and to address the impact on the patient's illness, need for care, response to treatment, and adjustment to care.

Medical social services furnished to the patient's family member or a caregiver on a short-term basis when the home health agency can demonstrate that a brief intervention (that is two or three visits) by a medical social worker is necessary to remove a clean and direct impediment to the effective treatment of the patient's medical condition or to his or her rate of recovery. To be considered "clear and direct," the behavior or actions of the family member must plainly obstruct, contravene, or prevent the patient's medical treatment or rate of recovery. Medical social services to address general problems that do not clearly and directly impede treatment or recovery as well as long-term social services furnished to family members, such as ongoing alcohol counseling, are not covered.

7. HOME HEALTH CARE SERVICES - Home Health agency visits are limited to a total of seventy-five (75) per recipient per fiscal year as provided in items 7.a through 7.d.

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- B. RSPCE Plan of Care Requirement - The RSPCE medical plan of care must be designed to promote changes in behavior, improve health status, and develop healthier practices to restore and maintain the individual at the highest possible functioning level. The RSPCE must include the following components:
- assessment/evaluation of health status, individual's needs, knowledge level;
 - identification of relevant health risk factors or health needs which justify the medical necessity for RSPCE;
 - development/revision of a goal-oriented plan of care (in conjunction with the physician and individual) that addresses needs identified in the assessment/evaluation and which specifies the service(s) necessary to restore the patient to an optimal state of health;
 - monitoring of health status, patient needs, skill level, and knowledge base/readiness; and
 - counseling regarding identified risk factor(s) to achieve the goals in the medical plan of care.
- C. Medical Necessity Criteria for RSPCE Rehabilitative Services - The RSPCE medical plan of care must include findings that rehabilitative services covered as RSPCE are required because of the individual's medical condition based on the following:
- failure to attain an optimal level of health within primary care delivery continuum; or
 - entrance into the health care delivery continuum with an advanced degree of disease/condition as evidenced by a clinical evaluation and documentation in the medical plan of care; or
 - a demonstrated pattern of non-compliance with the medical plan of care.
- D. Special Conditions - In order to be covered as RSPCE, rehabilitative services must: (1) be included in the RSPCE medical plan of care; (2) be recommended by a physician or other licensed practitioner of the healing arts; (3) involve direct patient contact, and (4) be medically-oriented. RSPCE may include counseling services to build client and care giver self-sufficiency through structured, goal-oriented individual interventions. Group sessions that allow direct one-to-one interaction between the counselor and the individual recipient may also be used to provide some components of this service.

Qualifications of Providers - Providers of RSPCE are physicians, other licensed practitioners of the healing arts acting within the scope of their practice under State law, and unlicensed health professionals operating under the supervision of a licensed professional and furnishing services which are within the scope of practice of the licensed professional.

Personal Care Aide Service: Personal care services provided to Medicaid eligible individuals who are identified through an initial medical assessment to have a minimum of two functional dependencies or one functional dependency and cognitive impairment. The services provided will

be based on the individual's needs and set forth in a care plan developed by licensed practitioner of the healing arts, within their scope of practice under South Carolina law. All requirements of 42 CFR 440.167 will be met.

Personal care service will be available to eligible individuals who require an integrated set of services available on a 24-hour basis. Services are provided in a non-medical environment that promotes individuals to reach and maintain their peak functional level and delay the need for nursing facility care. The medical criteria will include the following elements:

- Inability to live alone due to an inadequate support system;
- In need of assistance to sustain maximum functional level; and
- A minimum of two functional dependencies or one functional dependency and one cognitive impairment.

[Eligible providers must be able to provide the personal care services on a 24-hour basis and maintain a standard license under South Carolina Department of Health and Environmental Control Regulation 61-84, community residential care facilities.

The personal care service provider must directly provide the following services, which must be specified in the resident's care plan:

- Medical monitoring,
- Medication administration, and
- Provision of assistance with ADL's.

[Payment will be made to the employer of the personal care aide providing care. Personal Care services shall be paid by unit. A unit is one hour of service. No more than four units will be authorized per day. Reimbursement will be based on a rate determined from analyzing available comparable services and cost data. Qualified staff render the person care services directly and administer medication. A nurse provides supervision and oversight to the personal care aide and provides medical monitoring of the resident.

- 14.b Skilled Nursing Facility Services for Individuals Age 65 or Older in Institutions for Mental Disease. (a) Must meet utilization control criteria for admission. (b) Must meet standards for certification of need.

Basic services and items furnished in an IMD facility that are included in the per diem rate and must not be charged to the patient include the following:

- A. Nursing Services - Include all nursing services to meet the total needs of the resigned, the administration of treatments and medications as ordered by the physician, assistance with mobility (walking or wheelchair), and routine nursing supplies. Nursing supplies include, but are not limited to such items as syringes, air mattress, I.V. supplies, adhesive tape, canes, ice bags,

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- G. Medical Supplies and Oxygen - The following items are included, however, the included items are not limited to this list: oxygen, supplies used for inhalation therapy, catheters and related supplies, dressings, disposable enema equipment or other irrigation supplies, I.V. solutions, disposable instrument trays, levine tubes and other supplies ordered by a physician or necessary to meet the needs of the resident because of the resident's medical condition.
- 24.e EMERGENCY HOSPITAL SERVICES - These services are subject to the limitations found in the introduction to the Limitation Supplement to Attachment 3.1-A.

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