

SOUTH CAROLINA

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Types of Facilities

Mental Health (MH): South Carolina regulates Crisis Stabilization Unit (CSU) facilities, which are short-term residential programs, offering psychiatric stabilization services and brief, intensive crisis services to individuals eighteen and older for no longer than 14 consecutive calendar days.

Substance Use Disorder (SUD): South Carolina regulates two broad categories of adult SUD residential treatment facilities:

- A Residential Treatment Program Facility (RTPF) is any 24-hour facility designed to improve the client's ability to structure and organize the tasks of daily living and recovery through planned clinical activities, counseling, and clinical monitoring in order to promote successful involvement or re-involvement in regular, productive daily activity, and, as indicated, successful reintegration into family living.
- A Detoxification Facility is any 24-hour freestanding facility providing detoxification services of which there are two types:
 - Medical. A short-term residential facility, separated from an inpatient treatment facility, providing for medically-supervised withdrawal from psychoactive substance-induced intoxication, with the capacity to provide screening for medical complications of alcoholism and/or drug abuse, a structured program of counseling, if appropriate, and referral for further rehabilitation.
 - Social. A service providing supervised withdrawal from alcohol or other drugs in which neither the client's level of intoxication nor physical condition is severe enough to warrant direct medical supervision or the use of medications to assist in withdrawal, but which maintains medical backup and provides a structured program of counseling, if appropriate, educational services, and referral for further rehabilitation.

Unregulated Facilities: It is possible that there are other noncrisis MH residential treatment facilities that are not regulated. Staff from the Department of Alcohol and Other Drug Abuse Services indicated that certain transitional housing units are unregulated. Community Residential Care Facilities are excluded from this summary as the pertinent regulations do not require or include mental health treatment.

Approach

The South Carolina Department of Health and Environmental Control (DHEC) regulates CSUs, all of which are either operated by or in partnership with the state Department of Mental Health, and regulates all RTPFs and Detoxification Facilities, without regard to operator or funding.

Processes of Licensure or Certification and Accreditation

Mental Health (MH): Licensure by the DHEC is required for all CSUs.

- Accreditation is not required.
- An inspection is required for initial licensure and after as deemed appropriate by the DHEC to assure compliance.
- The state requires a Certificate of Need.
- Licensure duration is not defined.

Substance Use Disorder (SUD): All residential SUD treatment facilities, excepting federal facilities, require licensure by the DHEC.

- Accreditation is not required.
- An inspection is required for initial licensure and after as deemed appropriate by the DHEC to assure compliance.
- The state does not require a Certificate of Need.
- Licensure duration is not defined.

Cause-Based Monitoring

Mental Health (MH): Ongoing inspections of CSUs, announced or otherwise, may be conducted. Licenses may be denied, suspended, or revoked, and monetary penalties may be assessed.

Substance Use Disorder (SUD): The DHEC may conduct onsite inspections of the facility and records at any time without advance notice. If noncompliance with statutory or regulatory requirements is found, a plan of correction is required. Enforcement actions may be brought, and a license may be denied, suspended, or revoked, or a monetary penalty imposed.

Access Requirements

Mental Health (MH): Each facility must provide screening services on a twenty-four (24) hours per day, seven (7) days per week basis. No person shall remain in the facility for more than eight (8) hours without being admitted or denied admission. Individuals declared in writing to be in an emergency crisis may be admitted to the facility without the initial step of the two-step tuberculin skin test and/or while awaiting the result of a blood assay for tuberculosis.

Substance Use Disorder (SUD): Wait-time requirements were not found. Facilities must comply with all federal, state, and local laws regarding discrimination and may not discriminate with regard to source of payment.

Staffing

Mental Health (MH): A CSU must define in writing the responsibilities, qualifications, and competencies of staff for all positions. Specific requirements include ones related to the administrator, RNs, other staff and volunteers. Staffing ratios are in place and all staff members on duty must be awake and dressed at all times. All staff and volunteers must complete required Department of Mental Health and staff involved in direct patient care must, among other things, receive training in CPR/first aid, medication management, suicide assessment and prevention, crisis intervention and treatment, patient rights and grievance procedures, confidentiality, reporting abuse or neglect, and use of restraint and restraint alternatives. All staff members and volunteers must have documented orientation to the purpose and environment of the facility within twenty-four hours of their first day on the job.

Substance Use Disorder (SUD): Appropriate staff/volunteers in numbers and training must be provided to suit the needs and condition of the clients and meet the demands of effective emergency on-site action that might arise. Training requirements/qualifications for the tasks each performs must be in compliance with all local, state, and federal laws, and current professional organizational standards. Direct care staff members/volunteers of the facility, shall not, among other things, have an active dependency on psychoactive substances that would impair his/her ability to perform assigned duties. Specific requirements include ones related to the administrator, other staff and volunteers, including regarding licensure and certification as well as other qualifications. When care, treatment, or services are provided by another entity, there must be a written agreement with the entity that describes how the services provided are in accordance with the individualized treatment plan that the staff/volunteers providing these services are qualified and supervised properly. In all facilities, the following training shall be provided to all staff/volunteers, and those clients in residential treatment program facilities who may be utilized to supplement staffing, within one month of hiring and at least annually: the nature of alcohol and other drug addiction, complications of addictions, and withdrawal symptoms; confidentiality; and the protection of client rights. In addition, prior to client contact

and at least annually, among others: training in cardio-pulmonary resuscitation to ensure that there is at least one certified individual present when clients are in the facility (detoxification facilities only); first-aid; contagious and/or communicable disease; medication management (for those facilities to which applicable); use of restraints and seclusion (detoxification facilities only, if applicable); seizure management (detoxification facilities only).

- For RTPFs, staffing ratios and other requirements are in place, including requirements regarding clients acting as staff.
- For Detoxification Facilities, staffing ratios and other requirements are in place, including, for medical detoxification facilities only, that staff/volunteers be under the general supervision of a physician or registered nurse; and that a physician, licensed nurse, or other authorized medical healthcare provider shall be present at all times. In social detoxification centers, there must be consultation with medical authorities when warranted.

Placement

Mental Health (MH): The facility must have written protocols for screening individuals presenting for evaluation. The facility must establish admission criteria that are consistently applied and comply with the facility's policies and procedures. Individuals seeking admission must be appropriate for the services, treatment, and care offered. No supervision, care, or services may be provided to individuals who have not been admitted as patients of the facility. Patient stays may not exceed fourteen (14) consecutive calendar days. A facility may not retain any patients who primarily need detoxification services or who meet other specified conditions.

Initial screening for risk of suicide or harm to self or others must be conducted and documented for each individual presenting to the facility. A nursing assessment shall be documented for all patients admitted within twenty-four (24) hours. An emotional and behavioral assessment shall be documented for all patients admitted within twenty-four (24) hours. This assessment shall be completed by a mental health professional or other unit staff under the supervision of a mental health professional. A direct psychiatric evaluation, including diagnosis, shall be documented by a physician, psychiatrist, physician assistant, or advanced practice registered nurse for all patients admitted within twenty-four (24) hours.

Substance Use Disorder (SUD): Individuals seeking admission must be appropriate for the level of care or services, treatment, or procedures offered. The facility must establish admission criteria that are consistently applied and comply with state and federal laws and regulations. The facility may admit only those persons whose needs can be met within the accommodations and services provided.

- For RTPFs, persons not eligible for admission are, among others: (1) any person who because of acute mental illness or intoxication presents an immediate threat of harm to him/herself and/or others; or (2) any person needing detoxification services, hospitalization, or nursing home care. A complete written assessment of the client, incorporating specified content, by a multi-disciplinary treatment team must be conducted no later than 72 hours after admission. Clinical consideration of each client's needs, strengths, and weaknesses shall be included in the assessment to assist in a level of care placement.
- For Detoxification Facilities appropriate admission must be determined by a licensed or certified counselor and subsequently must be authorized by a physician or other authorized healthcare provider. Those not eligible for admission are, among others: (1) Any person who, because of acute mental illness or intoxication, presents an immediate threat of harm to him/herself and others. (2) Any person needing hospitalization, residential treatment program care, or nursing home care. (3) Anyone not meeting facility requirements for admission. A clinical screening that includes a review of the client's drug abuse/usage and treatment history must be conducted prior to the delivery of treatment.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH): An individual plan of care ("IPC") must be developed for each admitted patient. The plan must be based on initial and ongoing needs and completed within twenty-four hours of admission. A documented review of the IPC must occur at least daily or upon completion of the stated goal(s) and objective(s). The IPC must include a projected discharge date and anticipated post-discharge needs, including documentation of resources needed in the community.

Substance Use Disorder (SUD): Clients must be given the opportunity to participate in aftercare/continuing care programs offered by the facility or through referral. Discharge summaries must include recommendations and arrangements for aftercare. Follow-up may be provided for.

- For RTPFs, an IPC must be completed of the client within a time-period determined by the facility, but no later than seven days after admission. IPCs must be reviewed on a periodic basis as determined by the facility and/or revised as changes in client needs occur.
- For Detoxification Facilities, an IPC must be completed for supervised withdrawal within a time-period determined by the facility. For Social Detoxification Facilities, there must be an IPC for supervised withdrawal.

Treatment Services

Mental Health (MH): The provision of care and services to patients must be guided by the recognition of and respect for cultural differences to ensure reasonable accommodations for patients regarding differences, such as, but not limited to, religious practice and dietary preferences. Reasonable assistance in obtaining pastoral counseling must be provided by the facility upon request by the patient. The facility must secure or provide transportation for patients when a physician's services are needed. If a physician's services are not immediately available and the patient's condition requires immediate medical attention, the facility must provide or secure transportation for the patient to appropriate health care providers.

Substance Use Disorder (SUD): Care/treatment/services relative to the needs of the client, e.g., counseling, diet, medications, to include medical emergency situations, as identified in the client record and ordered by appropriate health care professionals, must be provided, and coordinated among those responsible during the treatment process and modified as warranted based on any changing needs of the client. Specific requirements apply to all 24-hour facilities. In addition:

- RTPFs require that 24-hour observation, monitoring, and treatment be available. Among other things, they must provide or make available: (1) Specialized professional consultation, supervision and direct affiliation with other levels of treatment; (2) Physician and nursing care and observation based on clinical judgment if appropriate to the level of treatment; (3) Availability of a physician 24 hours a day by telephone; (4) Counselors to assess and treat adult alcohol and/or other drug dependent clients and obtain and interpret information regarding the needs of these clients. Such counselors shall be knowledgeable of the biological and psychological dimensions of alcohol and/or other drug dependence; (5) Counselors to provide planned regimen of 24-hour professionally-directed evaluation, care and treatment services for addicted persons and their families to include individual, group, and/or family counseling directed toward specific client goals indicated in his/her IPC; and (6) Planned clinical program activities designed to enhance the client's understanding of addiction. For RTPFs that serve mothers with children, the regulations include requirements related to provision of health care to the child.
- Freestanding Medical Detoxification Facilities must provide, among other things: (A) Intake medical examination and screening by a physician or other authorized healthcare provider to determine need for medical services or referral for serious medical complications; (B) Continuing observation of each client's condition to recognize and evaluate significant signs and symptoms of medical distress and take appropriate action; (C) Medication as appropriate to assist in the withdrawal process; (D) A plan for supervised withdrawal, to be implemented upon admission; and (E) Counseling designed to motivate clients to continue in the treatment process and referral to the appropriate treatment modality.

- Social Detoxification Facilities must provide, among other things: (A) Screening and intake provided by staff/volunteers specially trained to monitor the client's physical condition; (B) Development of an IPC for supervised withdrawal; (C) Continuing observation of each client's condition to recognize and evaluate significant signs and symptoms of medical distress and take appropriate action; and (D) Counseling designed to motivate clients to continue in the treatment process.

Patient Rights and Safety Standards

Mental Health (MH): Patients have guaranteed rights, including but not limited to, grievance and complaint procedures, confidentiality, freedom from abuse and exploitation, and dignity. Physical and mechanical restraints are limited to specific circumstances. Patients may not be locked in their rooms. Regulations also include requirements for reporting specific incidents.

Substance Use Disorder (SUD): The regulations include requirements related to, among other things, incident reporting, informed consent, confidentiality, freedom from abuse, privacy, and dignity. Restraint and seclusion are limited to specific circumstances. Facilities must have grievance procedures.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): There must be a written, implemented quality improvement program that provides effective self-assessment and implementation of changes designed to improve the care and services provided by the facility. Among other things, the quality improvement program must: (1) Establish desired outcomes and the criteria by which policy and procedure effectiveness is regularly, systematically, and objectively accomplished; (2) Identify, evaluate, and determine the causes of any deviation from the desired outcomes; (3) Identify the action taken to correct deviations and prevent future deviation, and the person(s) responsible for implementation of these actions; (4) Analyze the appropriateness of IPCs and the necessity of care and services rendered; (5) Analyze all incidents and accidents; (6) Analyze any infection, epidemic outbreaks, or other unusual occurrences which threaten the health, safety, or well-being of the clients; and (7) Establish a systematic method of obtaining feedback from clients and other interested persons, for example, family members and peer organizations, as expressed by the level of satisfaction with care and services received.

Governance

Mental Health (MH): Requirements related to governance for adult MH residential facilities were not identified, although policies and procedures addressing the manner of compliance with licensing regulations must be maintained.

Substance Use Disorder (SUD): Requirements related to governance for adult SUD residential facilities were not identified.

Special Populations

Mental Health (MH): Requirements related to special populations were not identified for CSUs.

Substance Use Disorder (SUD): Requirements related to special populations were not identified for CSUs.

Location of Regulatory and Licensing Requirements

South Carolina Certification of Need and Health Facility Licensure Act¹; South Carolina CSU regulations²; South Carolina Department of Health and Environmental Control SU regulations³. Regulatory requirements reviewed August 16, 2019.

Other Information Sources

H. Bonsu & L. Dutton (SC DAODAS); M. Binkley (SC DMH); National Conference of State Legislatures CON Program Overview, <http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

¹ See <https://www.scstatehouse.gov/code/t44c007.php>.

² See https://www.scstatehouse.gov/query.php?search=DOC&searchtext=crisis%20stabilization%20unit&category=COD EOFREGS&conid=24409349&result_pos=0&keyval=33637&numrows=10.

³ See <https://scdhec.gov/sites/default/files/docs/Agency/docs/health-regs/61-93.pdf>.

SOUTH CAROLINA MEDICAID

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Approach

The South Carolina Department of Health and Human Services (DHHS) oversees the state Medicaid program. South Carolina does not have a relevant Section 1115 waiver that affects reimbursement of residential services in Institutions for Mental Diseases (IMDs). It historically has relied to some extent on the in lieu of provision and on Disproportionate Share Hospital (DSH) payments to reimburse certain services in IMDs.

Types of Facilities

Mental Health (MH) or Substance Use Disorder (SUD): No evidence of coverage of MH or SUD residential treatment facilities for adults was located.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD): State Medicaid regulations do not specify requirements related to enrollment of residential behavioral health treatment. General enrollment requirements, however, include a provision that providers must meet licensing requirements. Sanctions may be applied by the Medicaid agency.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based staffing requirements for residential treatment facilities for adults was located.

Placement

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based placement requirements for residential treatment facilities for adults was located.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based treatment or discharge planning or aftercare service requirements for residential treatment facilities for adults was located.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based treatment service requirements for residential treatment facilities for adults was located.

Care Coordination

Mental Health (MH) and Substance Use Disorder (SUD): State Medicaid regulations do not specify requirements related to care coordination for residential behavioral health treatment. In general, however, beneficiaries should be on a treatment pathway that is the most appropriate medical condition specific treatment protocol. Treatment pathways offer a coordinated health team approach to care.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based quality assurance or improvement requirements for residential treatment facilities for adults was located.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based special population requirements for residential treatment facilities for adults was located.

Location of Medicaid Requirements

South Carolina Medicaid Rules and Regulations⁴. Regulatory data collected December 2019.

⁴ See <https://www.scstatehouse.gov/coderegs/Chapter%20126.pdf>.

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>

This state summary is part of the report **“State Residential Treatment for Behavioral Health Conditions: Regulation and Policy”**. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.