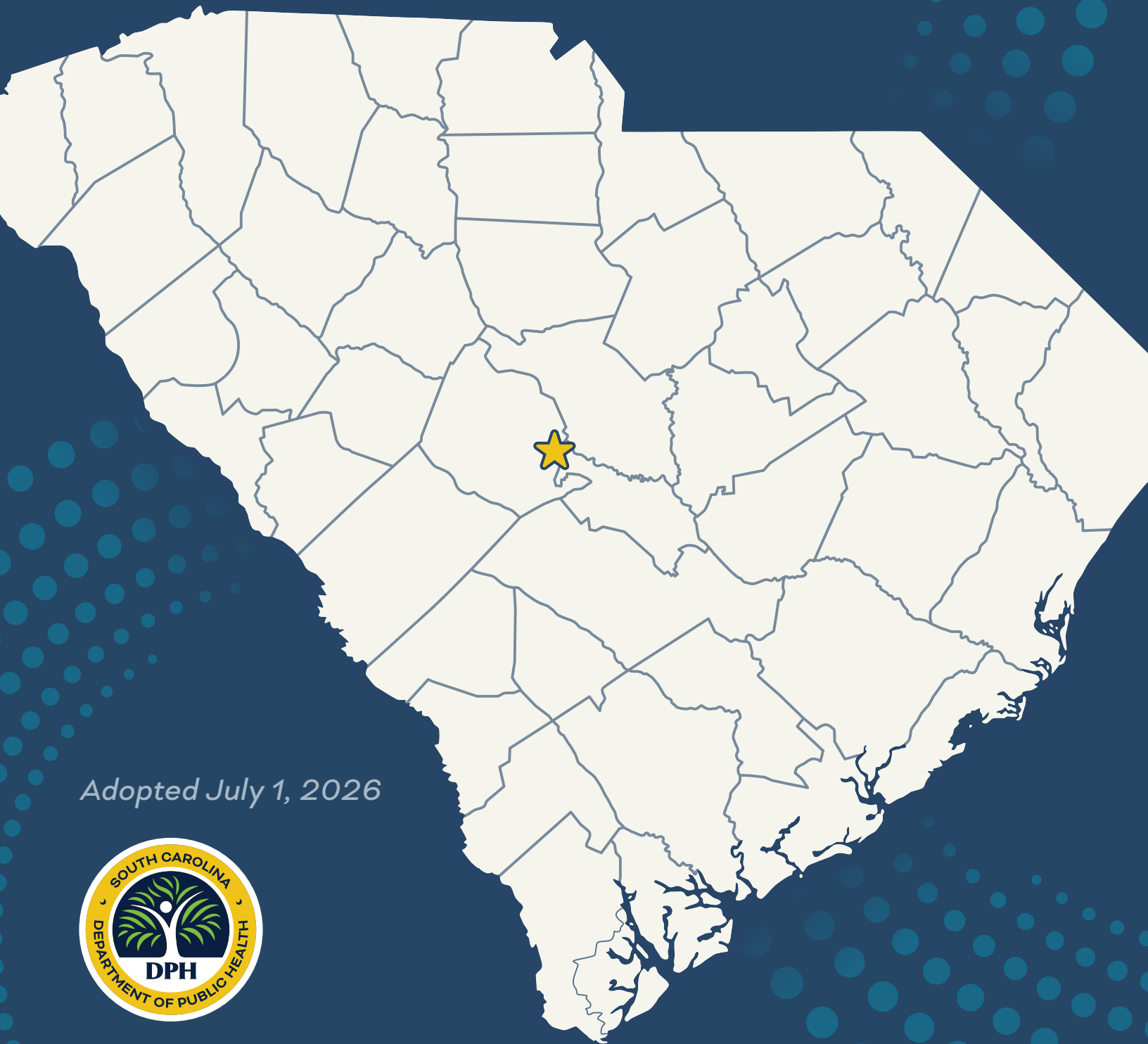


2026 South Carolina State Health Plan



Adopted July 1, 2026



ADOPTION OF THE 2026 SOUTH CAROLINA HEALTH PLAN

In accordance with South Carolina Code Ann. 44-7-180, the Health Planning Committee approved the 2026 South Carolina Health Plan (Health Plan) on June 9, 2026, and thereafter submitted the Health Plan to the Acting Director of the South Carolina Department of Public Health for final revision and adoption. After final revision, the Acting Director of the South Carolina Department of Public Health adopted the Health Plan effective July 1, 2026.



L. Brannon Traxler, MD, MPH
Acting Director
South Carolina Department of Public Health

SOUTH CAROLINA HEALTH PLANNING COMMITTEE

<u>MEMBER</u>	<u>REPRESENTING</u>	<u>EXPIRATION</u>
Anne Summer	1st District, Business	6/30/2028
Christopher Yeakel, MD	2nd District, Health Care Provider	6/30/2029
McKenzie Speed	3rd District	6/30/2030
Sonya Younger, MBA	4th District, Health Care Consumer	6/30/2026
Silvia Wozniak, Ph.D.	5th District	6/30/2030
Elbert R. Malone	6th District	6/30/2029
Tim Holland, M. Div.	7th District	6/30/2026
Bryan M. Moorhouse	Admin of Licensed for Profit Nursing Home	6/30/2028
Henry Well	Consumer	6/30/2027
Whitney Wright	Consumer	6/30/2027
Roger Hall, Esq.	Consumer Affairs (Ex-Officio)	
Dr. Robert Morgan, MD	DPH Chair Appointee	
Sarah C. Harrell	Health Care Financier	6/30/2026

South Carolina Health Planning Committee
Department of Public Health
Certificate of Need Program
400 Otarre Parkway
Cayce, SC 29033
coninfo@dph.sc.gov
Phone: (803) 545-4200

CHAPTER 1 INTRODUCTION

SOUTH CAROLINA HEALTH PLAN

The South Carolina Code of Laws requires the Department of Public Health (“Department”) to prepare a South Carolina Health Plan (“Plan”), with the advice of the Health Planning Committee, for use in the administration of the Certificate of Need Program. See Section 44-7-180(B).

CERTIFICATE OF NEED

Certificate of Need (CON) must be obtained from the Department before undertaking certain health care related projects. Specifically, a person or nursing home is required to obtain a CON prior to undertaking: the construction or other establishment of a new nursing home; a change in the existing bed complement of a nursing home through the addition of one or more beds or change in classification of licensure of one or more beds; and other projects enumerated in statute. See Section 44-7-160(A). A home health agency shall obtain a CON before licensure. See Section 44-69-75(A). Finally, a person or health care facility is required to obtain a CON prior to undertaking the construction or other establishment of a hospital; and a change in the existing bed complement of a hospital through the addition of one or more beds or change in the classification of licensure of one or more beds. See Section 44-7-160(8). Effective January 1, 2027, the CON requirements for hospitals are repealed. See Section 44-7-160(C).

HEALTH PLANNING COMMITTEE

The Health Planning Committee advises the Department in the drafting of the South Carolina Health Plan. It is comprised of fourteen members, twelve of whom are appointed by the Governor, which must include at least one member from each congressional district. One member is appointed by the agency director, and by virtue of their office, the final member is either the South Carolina Consumer Advocate or their designee. Health care consumers, health care financiers (including business and insurance), and health care providers (which must include at least one administrator of a for-profit nursing home) are represented. The Health Planning Committee reviews the South Carolina Health Plan and submits it to the agency director for final revision and adoption. See Section 44-7-180.

STATUTORY REQUIREMENTS

In accordance with Section 44-7-180(B), the Plan contains (1) an *inventory* of existing and CON approved health care facilities, beds, specified health services and equipment; (2) *projections of need* for additional health care facilities, beds, specified health services, and equipment; (3) *standards for distribution* of health care facilities, beds, specified health services, and equipment (“Certificate of Need Standards”); and (4) a general statement as to the project review criteria considered to be the most important in evaluating Certificate of Need applications for each type of facility, services, and equipment.

(1) Inventory

Chapter 2 of this Plan identifies the inventory geographic areas (i.e., county/counties) and service areas used in the administration of the Certificate of Need Program. Health care facilities, specified health services, beds and equipment are inventoried where applicable.

(2) Projections of Need

Chapters 3 through 5 of this Plan discuss the need for additional health care facilities, beds, specified health services and equipment in the State. While the methodologies used to determine these needs vary depending on the type of healthcare facility, bed, specified health service, or equipment, a determination of projected need is calculated for most areas addressed by the Plan.

(3) Certificate of Need Standards

In consultation with the Health Planning Committee, the Department formulated these standards to guide health providers throughout the State. Inclusion of these standards in the application process is designed to give applicants notice of its requirements and to elicit from them a commitment to incorporate these standards into their applications and finished projects.

(4) Project Review Criteria

A general statement has been added to most sections of the Plan setting forth the Project Review Criteria considered to be the most important in reviewing Certificate of Need applications for each type of health care facility, bed, specified health service, and equipment. The staff may reorder the relative importance of the Project Review Criteria no more than one (1) time. The staff's reordering of the relative importance of the Project Review Criteria does not extend the review period. These criteria can be found in Regulation 60-15. Where appropriate, the Plan contains a finding as to whether the benefits of improved accessibility to each such type of facility, service and equipment may outweigh the adverse effects caused by the duplication of any existing facility, service or equipment.

DISCLAIMERS

- (1) The hyperlinks provided throughout this Plan were checked for accuracy immediately prior to publication. Due to factors outside our control, we cannot guarantee the links will not expire or otherwise become unavailable after publication. Should you be unable to access the hyperlinked information, please feel free to request the information from the Certificate of Need Program via e-mail (coninfo@dph.sc.gov).
- (2) The population data set forth in this Plan was received from the South Carolina Revenue and Fiscal Affairs Office in September of 2025. The material includes population projections that are subject to the following conditions:

These projections offer only scenarios of future population change using the most current data available. They are intended to demonstrate a likely scenario if future events unfold in a manner that reflects previous trends observed within each group. The model cannot account for unprecedented events that may significantly alter an area's demographic composition in the future. The possible events include large factory openings or closings, changes in technology, public health crises, environmental events, changes in the economy or other conditions that could affect birth rates, death rates, or domestic and international migration. This means that population projections are likely to be more accurate in the immediate future than in distant years into the future.

CHAPTER 2 INVENTORY GEOGRAPHIC AREAS AND SERVICE AREAS

INVENTORY GEOGRAPHIC AREAS

As of February 17, 2026, the South Carolina Department of Public Health (SC DPH) will no longer have a regional structure (i.e. Lowcountry, Midlands, Pee Dee, and Upstate). As of this date, SC DPH is utilizing geographic areas (i.e. county/counties) for reporting. The State Health Plan will continue utilizing service areas, as appropriate.

NEED FOR HEALTH CARE FACILITIES AND BEDS

This Plan calculates the need for certain Health Care Facilities and Health Services throughout South Carolina based on certain formulae and criteria set forth in detail in this Plan. For example:

- The need for hospital beds is based on the utilization of individual facilities.
- The need for acute psychiatric beds, alcohol and drug abuse beds, and comprehensive rehabilitation beds is based on various service areas and utilization methodologies specified in the Plan.
- The need for long-term care and skilled nursing beds is projected by county.

SERVICE AREAS

In addition to inventory Geographic Areas, this Plan designates service areas for certain Health Care Facilities and Health Services. These service areas may be comprised of one or more counties. The need for a service is analyzed by assessment of existing resources and need in the relevant service area, along with other factors set forth in this Plan, applicable statutes and regulations.

BED TRANSFER BETWEEN AFFILIATED FACILITIES

Given the ever-changing nature of the health care delivery system, affiliated facilities may want to transfer or exchange licensed beds in order to better meet an identified need. Affiliated facilities are two or more nursing homes or hospitals, whether owned, leased, or who have a formal legal relationship with a central organization and whose relationship has been established for reasons other than for transferring beds. In certain instances, such a transfer or exchange of beds could be accomplished in a cost-effective manner and result in a more efficient allocation of health care resources. *A Certificate of Need is required to transfer or exchange beds.* To evaluate a proposal for the transfer or exchange of beds reviewed under the Certificate of Need program, the following criteria must be applied to it:

1. A transfer or exchange of beds may be approved only if there is no overall increase in the number or amount of such beds.
2. A transfer or exchange initiated under this Chapter may only occur within the service area(s) established in this Plan.

3. The facility receiving the beds must demonstrate the need for the additional capacity based on historical and/or projected utilization patterns.
4. The applicants must explain the impact of transferring the beds on the health care delivery system of the county and/or service area from which it is to be taken; any negative impact must be detailed, along with the perceived benefits of the proposal.
5. The facility giving up beds may not use the loss of such beds as justification for a subsequent request to establish or re-establish such beds.
6. A written contract or agreement between the governing bodies of the affiliated facilities approving the transfer or exchange of beds must be included in the Certificate of Need application.
7. Each facility giving up beds must acknowledge in writing that this exchange is permanent; any further transfers would be subject to this same process.

ESTIMATED STATE CIVILIAN POPULATION

Where these projections were required for calculations, this Plan has been developed using the estimated civilian population of 5,445,291 for 2024 and projected population of 5,881,819 for 2030. All population data (county, planning area, and statewide) were provided by the South Carolina Revenue and Fiscal Affairs Office, Health and Demographics Section, in September 2025.

INVENTORY DATES

Only those facilities reviewed under the Certificate of Need program are included in the inventory. The cut-off date for inclusion of information in this Plan was December 31, 2024. Inventory and utilization data set forth in this Plan is derived from the 2024 Joint Annual Reports (JARs). The period of time in which the individual data was collected is set forth by the reporting entity in its individual JAR submission.

CHAPTER 3 NURSING HOMES

NURSING HOMES

Nursing homes provide inpatient care for convalescent or chronic disease residents who require nursing care and related medical services. This care is performed under the general direction of persons licensed to practice medicine, surgery, or osteopathy in the State. Facilities furnishing primarily domiciliary care are not included. The licensing list of nursing homes also denotes the facilities that have Alzheimer's units. For more specific details about nursing homes, refer to Regulation 60-17 (*Standards for Licensing Nursing Homes*).

Since the vast majority of patients utilizing nursing homes are 65 years old of age or older, only this segment of the population is used in the need calculations. County bed needs are projected through 2030. A two-year projection is used because nursing homes can be constructed and become operational in two years.

CERTIFICATE OF NEED PROJECTIONS AND STANDARDS

1. Based on observations of methodologies from other states operating a Certificate of Need regime, and recognizing that potential reliance on long-term skilled nursing services increases with age, bed need is calculated on a county basis using the following ratios:
 - a) 10 beds/1,000 population aged 65-74; and
 - b) 58 beds/1,000 population aged 75 and over
2. For each county, these needs are calculated separately. The individual age-group needs are then added together, and the existing bed count subtracted from that total to determine the deficit or surplus of beds.
3. When a county shows surplus beds, additional beds will not be approved, except to allow an individual nursing home to add some additional beds in order to make more economical nursing units. These additions are envisioned as small increments in order to increase the efficiency of the nursing home. This exception for additional beds will not be approved if it results in a three-bed ward. A nursing home may add up to 16 additional beds per nursing unit to create either 44 or 60 bed nursing units, regardless of the projected bed need for the county. The nursing home must document how these additional beds will make a more economical unit(s).
4. Some Institutional Nursing Homes are dually licensed, with some beds restricted to residents of the retirement community and the remaining beds available to the general public. The beds restricted to residents of the retirement community are not eligible to be certified for Medicare or Medicaid. Should such a facility have restricted beds that are inadvertently certified, the facility will be allowed to apply for a Certificate of Need to convert these beds to general nursing home beds, regardless of the projected bed need for that county.

The Nursing Home Inventory and Bed Need Chart are located at the end of this Chapter.

RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA

The following project review criteria are considered the most important in evaluating Certificate of Need applications for these beds or facilities:

1. Compliance with the need outlined in the South Carolina Health Plan (802.1);
2. Community Need Documentation (802.2);
3. Distribution (accessibility) (802.3);
4. Staff Resources (802.10);
5. Quality of Care (802.18); and
6. Record of the Applicant (802.5).

Because nursing homes are located within approximately 30 minutes travel time for the majority of the residents of the State and at least one nursing home is located in every county, no justification exists for approving additional nursing homes or beds that are not indicated as needed in this Plan. The major accessibility problem is caused by the lack of Medicaid funding since the Medicaid Program pays for approximately 65% of all nursing home residents. This Plan projects the need for nursing home beds by county. The benefits of improved accessibility will be equally weighed with the adverse effects of duplication in evaluating Certificate of Need applications for this service.

MEDICAID NURSING HOME PERMITS

The Medicaid Nursing Home Permit Act, formerly known as the Nursing Home Licensing Act of 1987, sets forth a regulatory scheme whereby Medicaid nursing home permits and Medicaid patient days are allocated in South Carolina. A long-term care facility (nursing home) must obtain a Medicaid nursing home permit from the Department in order to serve Medicaid patients. A Medicaid patient is a person who is eligible for Medicaid (Title XIX) sponsored long-term care services. In the annual appropriations act, the South Carolina General Assembly establishes the maximum number of Medicaid patient days the Department is authorized to issue. A Medicaid patient day is a day of nursing home care for which the holder of a Medicaid nursing home permit can receive Medicaid reimbursement. The South Carolina Department of Health and Human Services provides the number of Medicaid patient days available to the Department within thirty (30) days after the effective date of the annual appropriations act.

The Medicaid Patient Days and Medicaid Beds Requested & Authorized Chart is located at the end of this Chapter.

INSTITUTIONAL NURSING HOME (RETIREMENT COMMUNITY NURSING HOME)

An institutional nursing home means a nursing facility (established within the jurisdiction of a larger non-medical institution) that maintains and operates organized facilities and services to accommodate only residents of the institution. These facilities provide necessary services for retirement communities as established by church, fraternal, or other organizations. Such beds must serve only the residents of the housing complex, and either be developed after the housing has been established or be developed as a part of a total housing construction program that has documented that the entire complex is one inseparable project.

CERTIFICATE OF NEED PROJECTIONS AND STANDARDS

To be considered under this special bed category, the following criteria must be met:

1. The nursing home must be a part of and located on the campus of the retirement community.
2. It must restrict admissions to campus residents.
3. The facility may not participate in the Medicaid program.

There is no projection of need for this bed category. The applicant must demonstrate that the proposed number of beds is justified and that the facility meets the above qualifications. If approved by the Department, such a facility would be licensed as an "Institutional Nursing Home" and the beds generated by such a project will be placed in the statewide inventory at the end of this Chapter. These beds are not counted against the projected need of the county where the facility is located. For established retirement communities, a generally accepted ratio of nursing home beds to retirement beds is 1:4.

RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA

The following project review criteria are considered the most important in evaluating Certificate of Need applications for these beds or facilities:

1. Compliance with the need outlined in the South Carolina Health Plan (802.1);
2. Community Need Documentation (802.2);
3. Acceptability (802.4);
4. Quality of Care (802.18); and
5. Record of the Applicant (802.5).

Because Institutional Nursing Home Beds are used solely by the residents of the retirement community, there is no justification for approving this type of nursing home unless the need can be documented by the retirement center. The benefits of improved accessibility will be equally weighed with the adverse effects of duplication in evaluating Certificate of Need applications for these beds or facilities.

SWING-BEDS

A Certificate of Need is not required to participate in the Swing Bed Program in South Carolina; however, the hospital must obtain Medicare certification.

The Social Security Act (Section 1883(a)(1), [42 U.S.C. 1395tt]) permits certain small, rural hospitals to enter into a swing bed agreement, under which the hospital can use its beds to provide either acute or Skilled Nursing Facility (SNF) care, as needed. The hospital must be located in a rural area and have fewer than 100 beds.

Medicare Part A covers the services furnished in a swing bed hospital under the SNF Prospective Payment System (PPS). The PPS classifies residents into one of 44 categories for payment purposes. To qualify for SNF-level services, a beneficiary is required to receive acute care as a

hospital inpatient for a stay of at least three consecutive days, although it does not have to be from the same hospital as the swing bed. Typical medical criteria include daily physical, occupational and/or speech therapy, IV or nutritional therapy, complex wound treatment, pain management, palliative care, and end-of-life care.

The Swing-Bed Participants Chart is located at the end of this Chapter.

LONG-TERM CARE INVENTORY
(Chapter 3)

	# Beds
Abbeville	
Lakelands Nursing and Rehabilitation Center 1	94
Aiken	
Aiken Rehabilitation and Care Center 2	125
Anchor Post Acute	120
Carlyle Senior Care of Aiken	86
NHC HealthCare North Augusta	192
PruittHealth - Aiken	176
PruittHealth - North Augusta	132
Allendale	
John Edward Harter Nursing Center	44
Anderson	
Achieve Rehabilitation and Nursing Center 3	181
Brookdale Anderson	44
Iva Post Acute	60
Linley Post Acute	88
NHC HealthCare Anderson	290
Richard M. Campbell Veterans Nursing Home	220
Bamberg	
PruittHealth - Bamberg	88
Barnwell	
Carlyle Senior Care of Blackville 4	85
PruittHealth - Barnwell	44
Carlyle Senior Care of Williston 5	44
Beaufort	
Broad Creek Care Center Skilled Nursing	25
Fraser Health Care	33
Life Care Center of Hilton Head	88
NHC HealthCare Bluffton	120
Preston Health Center	77
Resorts at Beaufort LLC 6	170
Sprenger Healthcare of Bluffton	60
Sprenger Healthcare of Port Royal	65

Berkeley	
Lake Moultrie Nursing Home	88
PruittHealth - Moncks Corner	132
Reserve Healthcare and Rehabilitation 7	135
Retreat at Wellmore of Daniel Island	60
Calhoun	
Calhoun Convalescent Center	120
Charleston*	
Ashley River Healthcare 8	125
Bishop Gadsden - Gadsden Glen Center for Health and Rehab 9	100
Cooper River Post Acute 10	176
Franke Health Care Center	44
Johns Island Post Acute	132
Kempton of Charleston 11	23
Life Care Center of Charleston	148
NHC HealthCare Charleston	132
Oak Harbor Healthcare 12	132
Riverside Health and Rehab	160
White Oak Manor Charleston, Inc.	176
Cherokee	
Brookview Healthcare Center 13	132
Palmetto Patriots Home 14	104
Peachtree Centre	151
Chester	
MUSC Health Chester Nursing Center 15	60
Chesterfield	
Cheraw Healthcare	120
Rehab Center of Cheraw	104
Clarendon	
Lake Marion Health and Rehab 16	88
Pocotaligo River Health and Rehab 17	88
Colleton	
PruittHealth - Walterboro	132
Veterans Victory House	220
Darlington	
Betha Baptist Health Care Center	88
Medford Nursing Center	88

Morrell Nursing Center	154
Oakhaven Nursing Center	88
Dillon	
Carlyle Senior Care of Fork	111
PruittHealth - Dillon	84
Dorchester	
Hallmark Healthcare Center	88
Oakbrook Health and Rehabilitation Center	88
Presbyterian Communities of South Carolina-Summerville	88
St. George Healthcare Center	88
Edgefield	
Edgefield Post Acute	120
Fairfield	
PruittHealth - Ridgeway	150
Ridgeway Manor Healthcare Center	112
Florence	
Carlyle Senior Care of Florence	88
Faith Healthcare Center	104
Heritage Post Acute 18	132
Honorage Nursing Center	88
Lake City-Scranton Healthcare Center	88
Methodist Manor Healthcare Center	32
Presbyterian Communities of South Carolina - Florence	44
Southland Health Care Center	88
The Palms at Florence 19	163
Veteran Village 20	104
Georgetown	
Oak Hollow of Georgetown Rehabilitation Center LLC 21	84
Lakes at Litchfield Skilled Nursing Center	24
Prince George Healthcare Center	148
Greenville**	
Arboretum at the Woodlands	30
Brushy Creek Post Acute	144
Chandler Creek Post Acute 22	133
Fountain Inn Post Acute 23	60
Gables on Pelham Skilled Nursing and Rehab	45
Greenville Post Acute	132
Linville Courts at the Cascades Verdae	44

Magnolia Manor - Greenville	99
NHC HealthCare Greenville	176
NHC HealthCare Mauldin	180
Patewood Post Acute	120
Piedmont Post Acute	88
Cherrydale Post Acute 24	132
Reed River Post Acute 25	125
River Falls Post Acute	44
Rolling Green Village Health Care Facility	74
Simpsonville Post Acute	132
Southpointe Healthcare and Rehabilitation	120
West Village Post Acute	132
Greenwood	
Greenwood Transitional Rehabilitation Unit	12
Magnolia Manor - Greenwood	88
NHC HealthCare Greenwood	152
Wesley Commons Health and Rehabilitation Center	80
Hampton	
PruittHealth - Estill	104
Horry	
Angel Oak Nursing and Rehabilitation Center	88
Brightwater Skilled Nursing Center	67
Compass Post Acute Rehabilitation	95
Oak View Health and Rehabilitation 26	190
Loris Rehab and Nursing Center	88
Myrtle Beach Manor	60
NHC HealthCare Garden City	148
PruittHealth-Conway at Conway Medical Center 27	100
Jasper	
Ridgeland Nursing and Rehab Center 28	88
Kershaw	
KershawHealth Karesh Long Term Care and Rehab 29	132
Springdale Healthcare Center	148
Lancaster***	
Lancaster Health and Rehabilitation	142
White Oak Manor Lancaster	132
Laurens	
Martha Franks Baptist Retirement Community	88

NHC HealthCare Clinton	131
NHC HealthCare Laurens	176
Presbyterian Communities of South Carolina - Clinton (48 institutional beds)	64
Lee	
McCoy Memorial Nursing Center	120
Lexington	
Laurel Crest Retirement Community	12
Lexington Medical Center Extended Care	388
Millennium Post Acute Rehabilitation	132
NHC HealthCare Lexington	170
Opus Post Acute Rehabilitation	98
Presbyterian Communities of South Carolina - Columbia	44
Retreat at Wellmore of Lexington	60
Seven Oaks Rehabilitation and Healthcare Center 30	108
South Carolina Episcopal Home at Still Hope	70
Marion	
MUSC Health Mullins Nursing Center 31	90
Senior Care of Marion 32	90
Marlboro	
Bennettsville Health and Rehabilitation Center 33	110
McCormick	
McCormick Post Acute 34	120
Newberry	
JF Hawkins Nursing Home	118
White Oak Manor Newberry	146
Oconee	
Lila Doyle Post Acute 35	120
Seneca Health and Rehabilitation Center	132
Orangeburg	
Edisto Post Acute	113
Jolley Acres Healthcare Center	60
Oaks Post Acute 36	164
PruittHealth - Orangeburg	88
Pickens****	
Clemson Area Retirement Center - Health Care Center	68
Fleetwood Post Acute 37	103

Manna Post Acute 38	130
Powdersville Post Acute 39	60
Presbyterian Communities of South Carolina - Foothills	44
PruittHealth - Pickens	44
Richland	
Stone and Fewell Veterans Pavilions 40	252
CM Tucker Jr. Nursing Center Roddey Pavilion	308
Forest Acres Post Acute 41	132
Life Care Center of Columbia	179
Midlands Health & Rehabilitation Center	88
NHC HealthCare Parklane	180
PruittHealth - Blythewood	120
PruittHealth - Columbia	150
Rice Estate Rehabilitation and Healthcare	80
Sedgewood Manor Health Care Center 42	66
The Heritage at Lowman Rehabilitation & Healthcare	176
White Oak Manor Columbia	120
Wildewood Downs Nursing and Rehabilitation Center	80
Saluda	
Saulda Nursing Center	176
Spartanburg*****	
Golden Age - Inman 43	44
Inman Healthcare 44	40
Lake Emory Post Acute Care	88
Magnolia Manor - Inman	176
Magnolia Manor - Spartanburg	95
Mountainview Nursing Home	132
Physical Rehabilitation & Wellness Center of Spartanburg	120
Rosecrest Rehabilitation and Healthcare	75
Spartanburg Hospital for Restorative Care SNF	25
Summit Hills Skilled Nursing Facility	33
Valley Falls Terrace	88
White Oak at North Grove	132
White Oak Estates	88
White Oak Manor Spartanburg	60
Woodruff Manor	88
Sumter	

Covenant Place Nursing Center (16 institutional beds)	44
NHC HealthCare Sumter	138
Oak Hollow of Sumter Rehabilitation Center LLC 45	96
Patriot's Village 46	104
Sumter East Health and Rehabilitation Center	176
Union	
Ellen Sagar Nursing Center	113
Union Post Acute 47	88
Williamsburg	
Carlyle Senior Care of Kingstree	96
Dr. Ronald E McNair Nursing and Rehabilitation Center	88
York	
Lodge at Wellmore	60
Magnolia Manor - Rock Hill	106
PruittHealth - Rock Hill	132
Rock Hill Post Acute Care Center	99
Westminster Health and Rehabilitation Center 48	44
White Oak Manor York	109
White Oak of Rock Hill	141
Willowbrooke Court at Park Pointe Village	40
Statewide Total	20,817

1 Formerly known as Abbeville Nursing Home.

2 Formerly known as Place at Pepper Hill.

3 Formerly known as Condor Health - Anderson.

4 Formerly known as Blackville Healthcare and Rehab.

5 Formerly known as Williston Healthcare and Rehab.

6 Formerly known as Bayview Manor.

7 Formerly known as Viviant Healthcare of Hanahan.

8 Formerly known as Viviant Healthcare of Charleston.

9 Formerly known as Bishop Gadsden Episcopal Health Care Center

10 Formerly known as Sandpiper Rehab & Nursing.

11 CON SC-21-72 issued 11/16/2021 for the construction for the establishment of a 23-bed skilled nursing facility. Licensed 3/3/2022. Formerly known as Spring Street Health Center.

12 Formerly known as Mount Pleasant Manor.

-
- 13** Formerly known as Blue Ridge in Brookview House.
-
- 14** Initially licensed 2/2/2022. Change of Ownership effective 7/1/2024.
-
- 15** Facility had bed reduction from 80 to 60 in October 2022 per licensing application.
-
- 16** Formerly known as Lake Marion Nursing Facility.
-
- 17** Formerly known as Windsor Manor Nursing Home.
-
- 18** Formerly known as Heritage Home of Florence.
-
- 19** Formerly known as Commander Nursing Center.
-
- 20** Licensed 12/14/2021
-
- 21** Formerly known as Blue Ridge of Georgetown.
-
- 22** Formerly known as Greer Post Acute.
-
- 23** Formerly known as Carlyle Senior Care of Fountain Inn.
-
- 24** Formerly known as Promedica Skilled Nursing and Rehabilitation Greenville East.
-
- 25** Formerly known as Promedica Skilled Nursing and Rehabilitation Greenville West.
-
- 26** Formerly known as Conway Manor.
-
- 27** CON SC-24-25 issued 12/11/2024 for the construction and relocation of a nursing home with 88 nursing home beds and the addition of 12 nursing home beds for a total of 100 nursing home beds.
-
- 28** Formerly known as Ridgeland Nursing Center.
-
- 29** Formerly known as KershawHealth Karesh Long Term Care.
-
- 30** Formerly known as Brian Center of Nursing Care - St. Andrews.
-
- 31** CON SC-24-23 issued 10/10/2024 for the relocation of a nursing home to a facility requiring renovation and reduction of nursing home beds for a total of 90 nursing home beds.
-
- 32** E-23-14 issued 6/21/2023 for the permanent bed reduction of 5 beds to create a dialysis den.
-
- 33** Formerly known as Dundee Manor.
-
- 34** Formerly known as McCormick Rehabilitation and Healthcare Center
-
- 35** Formerly known as Prisma Health Lila Doyle.
-
- 36** Formerly known as The Oaks Healthcare. CON SC-24-26 issued 12/18/2024 for the renovation of and existing 122 bed nursing home and the addition of 42 nursing home beds for a total of 164 bed nursing home facility.
-
- 37** Formerly known as Fleetwood Rehabilitation and Healthcare Center.
-
- 38** Formerly known as Manna Rehabilitation and Healthcare Center.
-
- 39** Formerly known as Capstone Rehabilitation and Healthcare Center.
-
- 40** Formerly known as CM Tucker Jr. Nursing Center Fewell & Stone Pavilions
-
- 41** Formerly known as Promedica Skilled Nursing and Rehabilitation - Columbia.
-

42 CON SC-24-04 issued 4/1/2024 for the renovation of an existing facility of 5,532 sf and construction of an additional 12,500 sf for a total of 18,032 sf with the addition of 28 skilled nursing beds for a total of 66 skilled nursing beds.

43 Formerly known as Golden Age Operations.

44 Formerly known as Inman Operations.

45 Formerly known as Blue Ridge of Sumter.

46 Licensed 4/17/2025.

47 Formerly known as Promedica Skilled Nursing and Rehabilitation - Union.

48 E-23-05 granted 1/23/2023 for the decrease skilled nursing beds from 66 to 44.

* Shem Creek Nursing and Rehab closed 8/6/2024. Forty (40) beds removed from inventory.

** Prisma Health Greenville Memorial Subacute closed on 3/16/2020. Fifteen (15) beds removed from inventory.

*** MUSC Health Lancaster Nursing Center closed 6/23/2020. Fourteen (14) beds removed from inventory.

**** Easley Place closed on 9/2/2022. Sixty (60) beds removed from inventory.

***** Skylyn Nursing and Rehabilitation Center closed on 7/9/2024. Forty-four (44) beds removed from inventory.

***** White Oak Manor Spartanburg surrendered CON SC-21-20 on 12/2/2022 for the construction of a new 65,000 sf nursing home for the replacement of the current White Oak Manor-Spartanburg and the addition of 40 skilled nursing beds for a total of 100 skilled nursing beds.

LONG-TERM CARE BED NEED
(Chapter 3)

						Total #
	2030 Population (Thousands)	Bed Need	2030 Population (Thousands)	Bed Need	Existing	Beds to
County	Age 65-74 Years	(Pop x 10)	Age 75+ Years	(Pop x 58)	Beds	be Added
Abbeville	3.33	33	2.72	158	94	97
Aiken	24.43	244	19.87	1,152	831	566
Allendale	0.74	7	0.74	43	44	6
Anderson	26.86	269	19.38	1,124	883	510
Bamberg	1.59	16	1.54	89	88	17
Barnwell	2.40	24	1.93	112	173	(37)
Beaufort	39.81	398	32.80	1,902	638	1,663
Berkeley	31.36	314	21.76	1,262	415	1,161
Calhoun	2.02	20	1.82	106	120	6
Charleston	51.83	518	42.67	2,475	1,348	1,645
Cherokee	6.12	61	4.62	268	387	(58)
Chester	4.02	40	2.91	169	60	149
Chesterfield	5.12	51	4.02	233	224	60
Clarendon	4.56	46	3.75	218	176	87
Colleton	5.16	52	3.60	209	352	(92)
Darlington	6.83	68	5.47	317	418	(32)
Dillon	2.69	27	2.10	122	195	(46)
Dorchester	18.92	189	14.05	815	352	652

Edgefield	3.79	38	2.87	166	120	84
Fairfield	3.09	31	2.31	134	262	(97)
Florence	14.49	145	11.93	692	931	(94)
Georgetown	13.57	136	11.51	668	256	547
Greenville	66.06	661	51.89	3,010	2,010	1,660
Greenwood	8.30	83	6.98	405	332	156
Hampton	1.90	19	1.67	97	104	12
Horry	95.28	953	61.78	3,583	836	3,700
Jasper	10.57	106	5.73	332	88	350
Kershaw	8.85	89	6.40	371	280	180
Lancaster	13.40	134	12.34	716	274	576
Laurens 1	8.56	86	6.17	358	411	32
Lee	1.89	19	1.52	88	120	(13)
Lexington	37.42	374	28.53	1,655	1,082	947
Marion	3.44	34	2.72	158	180	12
Marlboro	2.96	30	2.39	139	110	58
McCormick	3.12	31	2.21	128	120	39
Newberry	5.24	52	3.91	227	264	15
Oconee	14.31	143	9.99	579	252	471
Orangeburg	10.13	101	8.30	481	425	158
Pickens	16.13	161	12.52	726	449	438
Richland	41.89	419	31.20	1,810	1,931	298
Saluda	2.47	25	1.90	110	176	(41)
Spartanburg	41.80	418	29.66	1,720	1,284	854
Sumter 2	11.30	113	9.17	532	542	103
Union	3.44	34	2.73	158	201	(8)
Williamsburg	3.54	35	3.43	199	184	50

York	34.18	342	25.88	1,501	731	1,112
Statewide Totals	718.91	7,189	543	31,517	20,753	17,953

1 48 institutional beds at Presbyterian Communities of SC - Clinton are not included in Laurens County inventory.

2 16 institutional beds at Covenant Place Nursing Center are not included in Sumter County inventory.

Medicaid Patient Days and Medicaid Beds Requested and Authorized:

Year	# Days Requested	Beds	# Days Authorized	Beds	# Days Difference
1988-1989	3,032,839	8,309	2,971,811	8,142	61,028
1989-1990	3,644,248	9,984	3,644,248	9,984	0
1990-1991	3,709,814	10,163	3,659,965	10,028	49,849
1991-1992	3,856,833	10,567	3,659,965	10,028	196,868
1992-1993	3,976,576	10,895	3,806,382	10,429	170,194
1993-1994	4,012,359	10,993	3,856,382	10,566	155,977
1994-1995	4,023,690	11,024	3,892,882	10,665	130,808
1995-1996	3,969,681	10,876	3,892,882	10,665	76,799
1996-1997	4,072,519	11,158	4,002,382	10,965	70,137
1997-1998	4,119,753	11,287	4,097,282	11,225	22,471
1998-1999	4,265,182	11,685	4,265,182	11,685	0
1999-2000	4,367,134	11,965	4,341,832	11,895	25,302
2000-2001	4,420,522	12,111	4,378,332	11,995	42,190
2001-2002	4,473,170	12,255	4,275,998	11,715	197,172
2002-2003	4,340,158	11,891	4,205,553	11,522	134,605
2003-2004	4,304,160	11,792	4,205,553	11,522	98,607
2004-2005	4,294,977	11,767	4,205,553	11,522	89,424
2005-2006	4,291,812	11,758	4,205,553	11,522	86,259
2006-2007	4,283,209	11,735	4,205,553	11,522	77,656
2007-2008	4,263,785	11,682	4,205,553	11,522	58,232
2008-2009	4,231,047	11,592	4,205,553	11,522	25,494
2009-2010	4,215,522	11,549	4,205,553	11,522	9,969
2010-2011	4,217,584	11,555	4,205,553	11,522	12,031
2011-2012	4,250,190	11,644	3,771,878	10,333	478,312
2012-2013	4,268,032	11,693	3,815,921	10,455	452,111
2013-2014	4,132,731	11,323	3,815,921	10,455	316,810
2014-2015	4,094,917	11,219	3,815,921	10,455	278,996
2015-2016	4,112,740	11,268	3,815,921	10,455	296,819
2016-2017	4,006,470	10,977	3,815,921	10,455	190,549
2017-2018	4,020,582	11,015	3,815,921	10,455	204,661
2018-2019	4,114,439	11,272	3,864,665	10,588	249,774
2019-2020	4,259,602	11,670	3,864,665	10,588	394,937
2020-2021	4,259,602	11,670	0 ¹	0	4,452,015
2021-2022	4,190,765	11,482	3,864,665	10,588	326,100
2022-2023	4,259,602	11,670	3,864,665	10,588	394,937
2023-2024	4,322,787	11,843	3,864,665	10,588	468,122
2024-2025	4,417,530	12,103	4,075,928	11,167	341,602
2025-2026	4,488,015	12,296	4,075,928	11,167	412,087

¹ No new Medicaid Permits were issued for 2020-2021 in light of Executive Order 2020-11.

SWING-BED PARTICIPANTS*					
(Chapter 3)					
FACILITY	TOTAL BEDS	SWING BEDS	2024 ADMISSIONS	2024 PT DAYS	ADC
Abbeville Area Medical Center	25	25	145	1,603	4.39
Allendale County Hospital	25	25	46	1,087	2.98
Edgefield County Healthcare	25	25	88	2,388	6.54
Hampton Regional Medical Center	32	10	5	131	0.36
Mcleod Health Cheraw	59	49	17	237	0.65
Mcleod Health Clarendon	81	18	16	194	0.53
Mcleod Medical Center - Dillion	79	40	19	305	0.84
MUSC Health Marion Medical Center	124	10	104	1,907	5.22
Newberry Health 1	90	20	5	37	0.10
Tidelands Georgetown Memorial Hospital 2	131	12	113	2,686	7.36
*Union Medical Center is no longer a swing bed participant.					
*Williamsburg Regional Hospital closed 1/4/2023					
1 Formerly Newberry County Memorial Hospital					
2 Received approval from The Joint Commission on 6/16/2023. Currently awaiting approval from Medicare Administrative Contractor (MAC).					

CHAPTER 4 HOME HEALTH AGENCIES

HOME HEALTH

Home Health Agencies

Home Health Agency means a public, nonprofit, or proprietary organization, whether owned or operated by one or more persons or legal entities, which furnishes or offers to furnish home health services. Home health services are those items and services furnished to an individual by a home health agency, or by others under arrangement with the home health agency, on a visiting basis and except for (d) below, in a place of temporary or permanent residence used as the individual's home as follows:

Part-time or intermittent skilled nursing care as ordered by a physician or an Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA) and provided by or under the supervision of a registered nurse and at least one other therapeutic service listed below: (a) physical, occupational, or speech therapy; (b) medical social services, home health aide services, and other therapeutic services; (c) medical supplies as indicated in the treatment plan and the use of medical appliances, to include durable medical equipment and (d) any of the above items and services provided on an outpatient basis under arrangements made by the home health agency with a hospital, nursing home or rehabilitation center and the furnishing of which involves the use of equipment of such a nature that the items/services cannot readily be made available to the individual in his/her home, or which are furnished at one of the above facilities while the patient is there to receive such items or services. Transportation of the individual in connection with any such items or services is not included. For more specific details about home health agencies, refer to Regulation 60-77 (*Standards for Licensing Home Health Agencies*).

CERTIFICATE OF NEED PROJECTIONS AND STANDARDS

1. An applicant must propose home health services to cover the geographic area of an entire county and agree to serve residents throughout the entire county.
2. An application is required for the counties identified by the applicant in which services are to be provided.
3. A new home health agency or expansion of an existing home health agency may be approved if an applicant can demonstrate it will serve 50 or more patients projected to be in need in non-rural counties, or 25 more patients projected to be in need in rural counties, through evidence that may include , but would not be limited to, the following:
 - a. Letters of support that identify need for additional home health services from physicians and other referral sources.
 - b. Evidence of underutilization of home health services.
 - c. Evidence of limited scope home health agency service including skilled nursing, physical therapy, occupational therapy, speech therapy, home health aides, and medical social workers.

- d. Evidence of the denial or delay in the provision of home health services, including but not limited to long waiting lists or delays which exceed industry standards.
- e. Evidence that one or more existing home health agencies has failed to meet the minimum patient service requirements set forth in Standard 8 of this section of the Plan within two years of the initiation of patient services after receiving a home health license.

4. For the purposes of this Section, a rural county shall mean a county with a population of less than 50,000, according to the most recent projections of the South Carolina Revenue and Fiscal Affairs office as of the time the current Plan was adopted.

5. All home health agency services (Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Home Health Aide, and Medical Social Worker) should be available within a county. If there is no hospital in a county and the existing licensed home health agencies between them do not provide all of the services identified above, this may be cited as potential justification for the approval of an additional agency that intends to offer these services.

6. Specialty home health providers are exempt from the need calculation applicable to full-service home health agencies but are otherwise subject to Certificate of Need.

7. The applicant should have a track record that demonstrates a commitment to quality services. There should be no history of prosecution, consent order, abandonment of patients in other business operations, or loss of license. However, any consent orders or loss of licenses related to licenses that were obtained from the Department between July 1, 2013, and May 22, 2014, without a Certificate of Need shall not be grounds for denial of a Certificate of Need application pursuant to this Section. The applicant must provide a list of all licensed home health agencies it operates and the state(s) where it operates them.

8. The applicant must document that it can serve at least 25 patients annually in each rural county for which it is licensed and 50 patients annually in each non-rural county for which it is licensed within two years of initiation of services. The applicant must assure the Department that, should it fail to reach this threshold number two years after initiation of services in a county, it will voluntarily relinquish its license for that county.

9. Nothing in this Section is intended to restrict the ability of the Department to approve more than one new Home Health Agency in a county at any given time.

The Home Health Agency Inventory Chart is located at the end of this Chapter.

RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA

The following project review criteria, as outlined in Chapter 8 of Regulation 64-1560-15, are considered to be the most important in reviewing Certificate of Need applications for this service:

1. Compliance with the need outlined in the South Carolina Health Plan (802.1);
2. Community Need Documentation (802.2);

3. Distribution (Accessibility) (802.3);
4. Quality of Care (802.18); and
5. Medically Underserved Group (802.16).

The benefits of improved accessibility outweigh the adverse effects caused by the duplication of any existing service.

Pediatric Home Health Agencies

Due to the limited number of home health providers available to treat children 18 years or younger, an exception to the above criteria may be made for a Certificate of Need for a Home Health Agency restricted to providing intermittent home health skilled nursing services to patients 18 years or younger. The license for the agency will be restricted to serving children 18 years or younger and will ensure access to necessary and appropriate intermittent home health skilled nursing services to these patients. Any such approved agency will not be counted in the county inventories for need projection purposes.

CERTIFICATE OF NEED PROJECTIONS AND STANDARDS

1. An application is required for the counties identified by the applicant in which specialized service to pediatric patients are to be provided.
2. The applicant must document that there is an unmet need for this service in the county of application, and the agency will limit such services to the pediatric population 18 years or younger.
3. The applicant must document the full range of services that they intend to provide to pediatric patients.

Continuing Care Retirement Community Home Health Agencies

A licensed continuing care retirement community that also incorporates a skilled nursing facility may provide home health services and *does not require Certificate of Need review provided:*

- a. The continuing care retirement furnishes or offers to furnish home health services only to residents who reside in living units provided by the continuing care retirement community pursuant to a continuing care contract;
- b. The continuing care retirement community maintains a current license and meets the applicable home health agency licensing standards; and
- c. Residents of the continuing care retirement community may choose to obtain home health services from other licensed home health agencies.

Staff from other areas of the continuing care retirement community may deliver the home health services, but at no time may staffing levels in any area of the continuing care retirement community fall below minimum licensing standards or impair the services provided. If the continuing care retirement community includes charges for home health services in its base contract, it is prohibited from billing additional fees for those services. Continuing care retirement

communities certified for Medicare or Medicaid, or both, must comply with government reimbursement requirements concerning charges for home health services. The continuing care retirement community shall not bill in excess of its costs. These costs will be determined on non-facility- based Medicare and/or Medicaid standards.

HOME HEALTH AGENCY INVENTORY

Abbeville County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF CLINTON
CENTERWELL HOME HEALTH-ANDERSON
HEALTH RELATED HOME CARE 1
HOMECARE OF HOSPICECARE OF THE PIEDMONT
HOME HEALTH SERVICES OF SELF REGIONAL HEALTHCARE
INTERIM HEALTHCARE OF THE UPSTATE
INTRAMED PLUS (Limited to home infusion nursing services)
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-GREENWOOD
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRISMA HEALTH HOME HEALTH-UPSTATE
PRUITTHEALTH @ HOME - COLUMBIA

Aiken County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF LEXINGTON
CENTERWELL HOME HEALTH-MIDLANDS
ENHABIT HOME HEALTH AIKEN
INTRAMED PLUS (Limited to home infusion nursing services)
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-AIKEN
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - LOW COUNTRY
TRINITY HOME HEALTH OF AIKEN
UNIVERSITY HOME HEALTH SERVICES
WELL CARE HOME HEALTH OF THE MIDLANDS

Allendale County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF BLUFFTON
AMEDISYS HOME HEALTH OF CHARLESTON EAST
CENTERWELL HOME HEALTH-LOW COUNTRY
INTRAMED PLUS (Limited to home infusion nursing services)
INTREPID USA HEALTHCARE SERVICES 2
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-AIKEN
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - LOW COUNTRY

Anderson County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF CLINTON
ANMED HEALTH HOME HEALTH AGENCY
BAYADA HOME HEALTH CARE-GREENVILLE
BIOSCRIP INFUSION SERVICES (May Serve Pediatric Patients Only)
BON SECOURS HOME CARE BY COMPASSUS 3
CENTERWELL HOME HEALTH-ANDERSON
CENTERWELL HOME HEALTH-GREENVILLE
EMBRACE HOME HEALTH 4
HEALTH RELATED HOME CARE 1
HOME HEALTH SERVICES OF SELF REGIONAL HEALTHCARE 5
INTERIM HEALTHCARE OF THE UPSTATE
INTRAMED PLUS (Limited to home infusion nursing services)
KIDS CARE HOME HEALTH OF SOUTH CAROLINA (Limited to Pediatric Patients) 6
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-LAURENS
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRISMA HEALTH HOME HEALTH-UPSTATE
PRUITTHEALTH @ HOME - COLUMBIA
WELL CARE HOME HEALTH OF THE UPSTATE

Bamberg County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF LEXINGTON
CENTERWELL HOME HEALTH-LOW COUNTRY
GROVE PARK PHARMACY HOME CARE
HOMECARE OF THE REGIONAL MEDICAL CENTER
INTRAMED PLUS (Limited to home infusion nursing services)
INTREPID USA HEALTHCARE SERVICES 2
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-LOW COUNTRY
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - LOW COUNTRY

Barnwell County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF LEXINGTON
CENTERWELL HOME HEALTH-MIDLANDS
INTRAMED PLUS (Limited to home infusion nursing services)
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-AIKEN
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)

PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - LOW COUNTRY
TRINITY HOME HEALTH OF AIKEN

Beaufort County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF BLUFFTON
AVEANNA HOME HEALTH 7
BEAUFORT MEMORIAL HOME HEALTH CARE-AMEDISYS PARTNER
BRIGHTSTAR CARE-BLUFFTON
CENTERWELL HOME HEALTH-LOW COUNTRY
CYPRESS CLUB HOME HEALTH AGENCY (May Serve Retirement Community Only)
ENHABIT HOME HEALTH BLUFFTON
INTERIM HEALTHCARE
INTERIM HEALTHCARE OF THE UPSTATE 8
INTRAMED PLUS (Limited to home infusion nursing services)
INTREPID USA HEALTHCARE SERVICES 2
MEDICAL SERVICES OF AMERICA HOME HEALTH
MUSC HEALTH AT HOME BY BAYADA
NHC HOMECARE-BEAUFORT
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALLIATIVE CARE OF THE LOWCOUNTRY (Restricted to Terminally Ill Residents)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - LOW COUNTRY
SEABROOK WELLNESS AND HOME HEALTH CARE (Serving Retirement Campus Residents Only)
WELL CARE HOME HEALTH OF THE LOWCOUNTRY

Berkeley County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF CHARLESTON
AMEDISYS HOME HEALTH OF CHARLESTON EAST
CENTERWELL HOME HEALTH-CHARLESTON
CENTERWELL HOME HEALTH-LOW COUNTRY
CONTINUUM PEDIATRIC NURSING
INTERIM HEALTHCARE
INTRAMED PLUS (Limited to home infusion nursing services)
INTREPID USA HEALTHCARE SERVICES 2
KIDSCARE HOME HEALTH OF SOUTH CAROLINA
MEDICAL SERVICES OF AMERICA - COASTAL
MUSC HEALTH AT HOME BY BAYADA-CHARLESTON
NHC HOMECARE-LOW COUNTRY
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)

PHC HOME HEALTH

PRESBYTERIAN COMMUNITIES OF SC HOME HEALTH AGENCY (Serving Continuing Care Retirement Community Campuses Only)

PRUITTHEALTH @ HOME - LOW COUNTRY

ROPER ST FRANCIS HOME HEALTH 9

WELL CARE HOME HEALTH OF THE LOWCOUNTRY

Calhoun County

ADVANCED NURSING SOLUTIONS

AMEDISYS HOME HEALTH OF CAMDEN

AMEDISYS HOME HEALTH OF LEXINGTON

CENTERWELL HOME HEALTH

GROVE PARK PHARMACY HOME CARE

HOMECARE OF THE REGIONAL MEDICAL CENTER

INTERIM HEALTHCARE OF THE UPSTATE

INTRAMED PLUS (Limited to home infusion nursing services)

INTREPID USA HEALTHCARE SERVICES 2

MEDICAL SERVICES OF AMERICA HOME HEALTH

NHC HOMECARE-MIDLANDS

OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)

PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)

PRUITTHEALTH @ HOME - COLUMBIA

WELL CARE HOME HEALTH OF THE MIDLANDS

Charleston County

ADVANCED NURSING SOLUTIONS

AMEDISYS HOME HEALTH OF CHARLESTON

AMEDISYS HOME HEALTH OF CHARLESTON EAST

BRIGHTSTAR CARE OF CHARLESTON

CENTERWELL HOME HEALTH-CHARLESTON

CENTERWELL HOME HEALTH-LOW COUNTRY

CONTINUUM PEDIATRIC NURSING

INTERIM HEALTHCARE

INTRAMED PLUS (Limited to home infusion nursing services)

INTREPID USA HEALTHCARE SERVICES 2

KIDSCARE HOME HEALTH OF SOUTH CAROLINA

MEDICAL SERVICES OF AMERICA - COASTAL

MUSC HEALTH AT HOME BY BAYADA-CHARLESTON

NHC HOMECARE-LOW COUNTRY

OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)

PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)

PHC HOME HEALTH

PRUITTHEALTH @ HOME - LOW COUNTRY

ROPER ST FRANCIS HOME HEALTH 9

WELL CARE HOME HEALTH OF THE LOWCOUNTRY

Cherokee County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF CLINTON
BIOSCRIP INFUSION SERVICES (May Serve Pediatric Patients Only)
CENTERWELL HOME HEALTH-ANDERSON
CENTERWELL HOME HEALTH-GREENVILLE
CENTERWELL HOME HEALTH-UPSTATE
EMBRACE HOME HEALTH 4
INTERIM HEALTHCARE OF THE UPSTATE
INTRAMED PLUS (Limited to home infusion nursing services)
MEDICAL SERVICES OF AMERICA HOME HEALTH
NEIGHBORS CARE HOME HEALTH AGENCY AN AMEDISYS COMPANY
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - COLUMBIA
SPARTANBURG MEDICAL CENTER HOME HEALTH
WELL CARE HOME HEALTH OF THE UPSTATE

Chester County

ADVANCED NURSING SOLUTIONS
BAYADA HOME HEALTH CARE-ROCK HILL
BIOSCRIP INFUSION SERVICES
CENTERWELL HOME HEALTH-MIDLANDS
CENTERWELL HOME HEALTH-UPSTATE
EMBRACE HOME HEALTH 4
HOME CARE OF LANCASTER
INTERIM HEALTHCARE OF ROCK HILL
INTRAMED PLUS (Limited to home infusion nursing services)
MEDICAL SERVICES OF AMERICA HOME HEALTH
NEIGHBORS CARE HOME HEALTH AGENCY AN AMEDISYS COMPANY
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PHC HOME HEALTHCARE
PRUITTHEALTH @ HOME - COLUMBIA
WELL CARE HOME HEALTH OF THE UPSTATE

Chesterfield County

ADVANCED NURSING SOLUTIONS
AMEDYSIS HOME HEALTH OF CONWAY
CENTERWELL HOME HEALTH-PEE DEE
COASTAL HEALTH LLC 10
INTRAMED PLUS (Limited to home infusion nursing services)
MCLEOD HOME HEALTH
MEDICAL SERVICES OF AMERICA - COASTAL
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)

PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - FLORENCE
SUNCREST HOME HEALTH 11

Clarendon County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH CARE
CENTERWELL HOME HEALTH-PEE DEE
COASTAL HEALTH LLC
INTRAMED PLUS (Limited to home infusion nursing services)
INTREPID USA HEALTHCARE SERVICES
MCLEOD HOME HEALTH
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-LOW COUNTRY
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRISMA HEALTH TUOMEY HOME HEALTH
PRUITTHEALTH @ HOME - FLORENCE
WELL CARE HOME HEALTH OF THE MIDLANDS

Colleton County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF CAMDEN
AMEDISYS HOME HEALTH OF CHARLESTON EAST
CENTERWELL HOME HEALTH-LOW COUNTRY
INTRAMED PLUS (Limited to home infusion nursing services)
INTREPID USA HEALTHCARE SERVICES 2
MEDICAL SERVICES OF AMERICA HOME HEALTH
MUSC HEALTH AT HOME BY BAYADA
NHC HOMECARE-BEAUFORT
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - LOW COUNTRY
WELL CARE HOME HEALTH OF THE LOWCOUNTRY

Darlington County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF CAMDEN
AMEDISYS HOME HEALTH OF CONWAY
BETHEA HOME HEALTH (May Serve Retirement Community Only)
CAROLINAS HOME HEALTH
CENTERWELL HOME HEALTH-PEE DEE
COASTAL HEALTH LLC 10
INTRAMED PLUS (Limited to home infusion nursing services)
MCLEOD HOME HEALTH
MEDICAL SERVICES OF AMERICA - COASTAL

OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - FLORENCE
SUNCREST HOME HEALTH **11**
WELL CARE HOME HEALTH OF THE MIDLANDS

Dillon County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF CONWAY
CAROLINAS HOME HEALTH
CENTERWELL HOME HEALTH-PEE DEE
COASTAL HEALTH LLC
FLORENCE VISITING NURSES SERVICE **12**
INTRAMED PLUS (Limited to home infusion nursing services)
MCLEOD HOME HEALTH
MEDICAL SERVICES OF AMERICA - COASTAL
NHC HOMECARE-MURRELLS INLET
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - FLORENCE
WELL CARE HOME HEALTH OF THE MIDLANDS

Dorchester County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF CHARLESTON
AMEDISYS HOME HEALTH OF CHARLESTON EAST
CENTERWELL HOME HEALTH-CHARLESTON
CENTERWELL HOME HEALTH-LOWCOUNTRY
CONTINUUM PEDIATRIC NURSING
INTERIM HEALTHCARE
INTRAMED PLUS (Limited to home infusion nursing services)
INTREPID USA HEALTHCARE SERVICES **2**
KIDSCARE HOME HEALTH OF SOUTH CAROLINA
MEDICAL SERVICES OF AMERICA HOME HEALTH
MUSC HEALTH AT HOME BY BAYADA-CHARLESTON
NHC HOMECARE-LOW COUNTRY
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PHC HOME HEALTH
PRESBYTERIAN COMMUNITIES OF SC HOME HEALTH AGENCY (Serving
Continuing Care Retirement Community Campuses Only)
PRUITTHEALTH @ HOME - LOW COUNTRY
QUALITY OF LIFE CARE, LLC **13**
ROPER ST FRANCIS HOME HEALTH **9**
WELL CARE HOME HEALTH OF THE LOWCOUNTRY

Edgefield County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF LEXINGTON
CENTERWELL HOME HEALTH-MIDLANDS
HEALTH RELATED HOME CARE **1**
HOME HEALTH SERVICES OF SELF REGIONAL HEALTHCARE
INTRAMED PLUS (Limited to home infusion nursing services)
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-AIKEN
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - LOW COUNTRY
TRINITY HOME HEALTH OF AIKEN
UNIVERSITY HOME HEALTH SERVICES

Fairfield County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF CAMDEN
CENTERWELL HOME HEALTH-MIDLANDS
INTRAMED PLUS (Limited to home infusion nursing services)
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-MIDLANDS
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRECIOUS JEWELS MEDICAL AND HEALTH SERVICES, LLC
PRUITTHEALTH @ HOME - COLUMBIA
WELL CARE HOME HEALTH OF THE MIDLANDS

Florence County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH CARE
BAYADA HOME HEALTH CARE-GREENVILLE
CAROLINAS HOME HEALTH
CENTERWELL HOME HEALTH-PEE DEE
COASTAL HEALTH LLC
FLORENCE VISITING NURSES SERVICE **12**
INTRAMED PLUS (Limited to home infusion nursing services)
MCLEOD HOME HEALTH
MEDICAL SERVICES OF AMERICA - COASTAL
METHODIST MANOR HOME HEALTH (May Serve Retirement Community Only)
MUSC HEALTH AT HOME BY BAYADA - CONWAY
NHC HOMECARE-DARLINGTON
OPEN HEARTS HOME HEALTHCARE **14**
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)

PRESBYTERIAN COMMUNITIES OF SC HOME HEALTH AGENCY (Serving Continuing Care Retirement Community Campuses Only)

PRUITTHEALTH @ HOME - FLORENCE

WELL CARE HOME HEALTH OF THE MIDLANDS

Georgetown County

ADVANCED NURSING SOLUTIONS

AMEDISYS HOME HEALTH CARE

AMEDISYS HOME HEALTH OF GEORGETOWN

CENTERWELL HOME HEALTH-COASTAL

CENTERWELL HOME HEALTH-PEE DEE

INTRAMED PLUS (Limited to home infusion nursing services)

INTREPID USA HEALTHCARE SERVICES **2**

LIBERTY HOME CARE-MYRTLE BEACH

MEDICAL SERVICES OF AMERICA - COASTAL

MUSC HEALTH AT HOME BY BAYADA - CONWAY

NHC HOMECARE-MURRELLS INLET

OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)

PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)

PRUITTHEALTH @ HOME - FLORENCE

WELL CARE HOME HEALTH OF THE LOWCOUNTRY

Greenville County

ADVANCED NURSING SOLUTIONS

AMEDISYS HOME HEALTH OF CLINTON

BAYADA HOME HEALTH CARE-GREENVILLE

BIOSCRIP INFUSION SERVICES (May Serve Pediatric Patients Only)

BON SECOURS HOME CARE BY COMPASSUS **3**

BRIGHTSTAR SPARTANBURG/GREENVILLE OPERATIONS **15**

CENTERWELL HOME HEALTH-ANDERSON

CENTERWELL HOME HEALTH-GREENVILLE

CORAM CVS SPECIALTY INFUSION SERVICES **16**

EMBRACE HOME HEALTH **4**

HEALTH RELATED HOME CARE **1**

HOME HEALTH SERVICES OF SELF REGIONAL HEALTHCARE **5**

INTERIM HEALTHCARE OF THE UPSTATE

INTRAMED PLUS (Limited to home infusion nursing services)

KIDS CARE HOME HEALTH OF SOUTH CAROLINA (Limited to Pediatric Patients) **6**

MEDICAL SERVICES OF AMERICA HOME HEALTH

NHC HOMECARE-LAURENS

OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)

PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)

PRISMA HEALTH HOME HEALTH-UPSTATE

PRUITTHEALTH @ HOME - COLUMBIA

ROLLING GREEN VILLAGE HOME HEALTH AGENCY (Serving continuing care retirement community at Rolling Green Village residents only)

SPARTANBURG MEDICAL CENTER HOME HEALTH

WELL CARE HOME HEALTH OF THE UPSTATE

Greenwood County

ADVANCED NURSING SOLUTIONS

AMEDISYS HOME HEALTH OF CLINTON

CENTERWELL HOME HEALTH-ANDERSON

HEALTH RELATED HOME CARE 1

HOME HEALTH SERVICES OF SELF REGIONAL HEALTHCARE

INTRAMED PLUS (Limited to home infusion nursing services)

MEDICAL SERVICES OF AMERICA HOME HEALTH

NHC HOMECARE-GREENWOOD

OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)

PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)

PRISMA HEALTH HOME HEALTH-UPSTATE

PRUITTHEALTH @ HOME - COLUMBIA

WESLEY COMMONS HOME HEALTH CARE (Serving Campus Residents Only)

Hampton County

ADVANCED NURSING SOLUTIONS

AMEDISYS HOME HEALTH OF BLUFFTON

AMEDISYS HOME HEALTH OF CHARLESTON EAST

CENTERWELL HOME HEALTH-LOW COUNTRY

INTERIM HEALTHCARE OF THE UPSTATE 8

INTRAMED PLUS (Limited to home infusion nursing services)

INTREPID USA HEALTHCARE SERVICES 2

MEDICAL SERVICES OF AMERICA HOME HEALTH

NHC HOMECARE-BEAUFORT

OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)

PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)

PRUITTHEALTH @ HOME - LOW COUNTRY

Horry County

ADVANCED NURSING SOLUTIONS

AMEDISYS HOME HEALTH OF CONWAY

AMEDISYS HOME HEALTH OF MYRTLE BEACH

CENTERWELL HOME HEALTH-COASTAL

CENTERWELL HOME HEALTH-PEE DEE

INTRAMED PLUS (Limited to home infusion nursing services)

LIBERTY HOME CARE-MYRTLE BEACH

MCLEOD HOME HEALTH

MEDICAL SERVICES OF AMERICA - COASTAL

MUSC HEALTH AT HOME BY BAYADA - CONWAY

NHC HOMECARE-MURRELLS INLET

OPEN HEARTS HOME HEALTHCARE 14
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - FLORENCE
WELL CARE HOME HEALTH OF THE LOWCOUNTRY

Jasper County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF BEAUFORT
AMEDISYS HOME HEALTH OF BLUFFTON
AVEANNA HOME HEALTH 7
BEAUFORT MEMORIAL HOME HEALTH CARE-AMEDISYS PARTNER
BRIGHTSTAR CARE-BLUFFTON
CENTERWELL HOME HEALTH-LOW COUNTRY
ENHABIT HOME HEALTH BLUFFTON
INTERIM HEALTHCARE OF THE UPSTATE 8
INTRAMED PLUS (Limited to home infusion nursing services)
INTREPID USA HEALTHCARE SERVICES 2
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-BEAUFORT
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALLIATIVE CARE OF THE LOWCOUNTRY (Restricted to Terminally Ill Residents)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - LOW COUNTRY

Jasper County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF BEAUFORT
AMEDISYS HOME HEALTH OF BLUFFTON
AVEANNA HOME HEALTH 7
BEAUFORT MEMORIAL HOME HEALTH CARE-AMEDISYS PARTNER
BRIGHTSTAR CARE-BLUFFTON
CENTERWELL HOME HEALTH-LOW COUNTRY
ENHABIT HOME HEALTH BLUFFTON
INTERIM HEALTHCARE OF THE UPSTATE 8
INTRAMED PLUS (Limited to home infusion nursing services)
INTREPID USA HEALTHCARE SERVICES 2
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-BEAUFORT
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALLIATIVE CARE OF THE LOWCOUNTRY (Restricted to Terminally Ill Residents)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - LOW COUNTRY

Kershaw County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF CAMDEN
CENTERWELL HOME HEALTH
HOME CARE OF LANCASTER
INTRAMED PLUS (Limited to home infusion nursing services)
MEDICAL SERVICES OF AMERICA HOME HEALTH
MUSC HEALTH AT HOME KERSHAW
NHC HOMECARE-MIDLANDS
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - COLUMBIA
REANIMATIONS HOME HEALTH AGENCY 17
WELL CARE HOME HEALTH OF THE MIDLANDS

Lancaster County

ADORTION HOME HEALTH 18
ADVANCED NURSING SOLUTIONS
ATRIUM HEALTH AT HOME YORK (Previously HEALTHY @ HOME)
BAYADA HOME HEALTH CARE-ROCK HILL
BIOSCRIP INFUSION SERVICES
BRIGHTSTAR CARE
CENTERWELL HOME HEALTH-MIDLANDS
EMBRACE HOME HEALTH 4
HOME CARE OF LANCASTER
INTERIM HEALTHCARE OF ROCK HILL
INTRAMED PLUS (Limited to home infusion nursing services)
MEDICAL SERVICES OF AMERICA HOME HEALTH
NEIGHBORS CARE HOME HEALTH AGENCY AN AMEDISYS COMPANY
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PHC HOME HEALTHCARE
PRUITTHEALTH @ HOME - COLUMBIA
REANIMATIONS HOME HEALTH AGENCY 17
WELL CARE HOME HEALTH OF THE UPSTATE

Laurens County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF CLINTON
BIOSCRIP INFUSION SERVICES (May Serve Pediatric Patients Only)
CENTERWELL HOME HEALTH-ANDERSON
CENTERWELL HOME HEALTH-GREENVILLE
EMBRACE HOME HEALTH 4
HEALTH RELATED HOME CARE 1
HOME HEALTH SERVICES OF SELF REGIONAL HEALTHCARE

INTERIM HEALTHCARE OF THE UPSTATE
INTRAMED PLUS (Limited to home infusion nursing services)
KIDS CARE HOME HEALTH OF SOUTH CAROLINA (Limited to Pediatric Patients) **6**
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-LAURENS
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRESBYTERIAN COMMUNITIES OF SC HOME HEALTH AGENCY (Serving Continuing Care Retirement Community Campuses Only)
PRISMA HEALTH HOME HEALTH-UPSTATE
PRUITTHEALTH @ HOME - COLUMBIA
WELL CARE HOME HEALTH OF THE UPSTATE

Lee County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF LEXINGTON
CENTERWELL HOME HEALTH-PEE DEE
COASTAL HEALTH LLC **10**
FLORENCE VISITING NURSES SERVICE **12**
INTRAMED PLUS (Limited to home infusion nursing services)
MCLEOD HOME HEALTH
MEDICAL SERVICES OF AMERICA HOME HEALTH
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRISMA HEALTH TUOMEY HOME HEALTH
PRUITTHEALTH @ HOME - FLORENCE
WELL CARE HOME HEALTH OF THE MIDLANDS

Lexington County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF CAMDEN
AMEDISYS HOME HEALTH OF LEXINGTON
BAYADA HOME HEALTH CARE-COLUMBIA **19**
BIOSCRIP INFUSION SERVICES
CENTERWELL HOME HEALTH
CENTERWELL HOME HEALTH-MIDLANDS
ENHABIT HOME HEALTH AIKEN
INTERIM HEALTHCARE OF THE UPSTATE
INTRAMED PLUS (Limited to home infusion nursing services)
KIDS CARE HOME HEALTH OF SOUTH CAROLINA (Limited to Pediatric Patients) **6**
LAUREL CREST HOME HEALTH (May Serve Retirement Community Only)
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-MIDLANDS

OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRESBYTERIAN COMMUNITIES OF SC HOME HEALTH AGENCY (Serving
Continuing Care Retirement Community Campuses Only)
PRISMA HEALTH HOME HEALTH
PRUITTHEALTH @ HOME - COLUMBIA
STILL HOPES HOME HEALTH (Serving Campus Residents Only)
WELL CARE HOME HEALTH OF THE MIDLANDS

Marion County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF CONWAY
CAROLINAS HOME HEALTH
CENTERWELL HOME HEALTH-PEE DEE
COASTAL HEALTH LLC
FLORENCE VISITING NURSES SERVICE 12
INTRAMED PLUS (Limited to home infusion nursing services)
MCLEOD HOME HEALTH
MEDICAL SERVICES OF AMERICA - COASTAL
MUSC HEALTH AT HOME BY BAYADA - CONWAY
NHC HOMECARE-MURRELLS INLET
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - FLORENCE
WELL CARE HOME HEALTH OF THE LOWCOUNTRY

Marlboro County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF CAMDEN
AMEDISYS HOME HEALTH OF CONWAY
CAROLINAS HOME HEALTH
CENTERWELL HOME HEALTH-PEE DEE
COASTAL HEALTH LLC 10
INTRAMED PLUS (Limited to home infusion nursing services)
MCLEOD HOME HEALTH
MEDICAL SERVICES OF AMERICA - COASTAL
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - FLORENCE
SUNCREST HOME HEALTH 11

McCormick County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF LEXINGTON
CENTERWELL HOME HEALTH-ANDERSON
HEALTH RELATED HOME CARE 1

HOME HEALTH SERVICES OF SELF REGIONAL HEALTHCARE
INTRAMED PLUS (Limited to home infusion nursing services)
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-GREENWOOD
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - LOW COUNTRY

Newberry County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF CAMDEN
AMEDISYS HOME HEALTH OF LEXINGTON
BIOSCRIP INFUSION SERVICES
CENTERWELL HOME HEALTH-MIDLANDS
HEALTH RELATED HOME CARE 1
HOME HEALTH SERVICES OF SELF REGIONAL HEALTHCARE
INTERIM HEALTHCARE OF THE UPSTATE
INTRAMED PLUS (Limited to home infusion nursing services)
KIDS CARE HOME HEALTH OF SOUTH CAROLINA (Limited to Pediatric Patients) 6
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-GREENWOOD
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRISMA HEALTH HOME HEALTH-UPSTATE
PRUITTHEALTH @ HOME - COLUMBIA
WELL CARE HOME HEALTH OF THE MIDLANDS

Oconee County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF CLINTON
BIOSCRIP INFUSION SERVICES (May Serve Pediatric Patients Only)
CENTERWELL HOME HEALTH-ANDERSON
CENTERWELL HOME HEALTH-GREENVILLE
INTERIM HEALTHCARE OF THE UPSTATE
INTRAMED PLUS (Limited to home infusion nursing services)
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-LAURENS
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRISMA HEALTH HOME HEALTH-UPSTATE
PRUITTHEALTH @ HOME - COLUMBIA
WELL CARE HOME HEALTH OF THE UPSTATE

Orangeburg County

ADVANCED NURSING SOLUTIONS

AMEDISYS HOME HEALTH OF CAMDEN
AMEDISYS HOME HEALTH OF LEXINGTON
CENTERWELL HOME HEALTH
CORAM CVS SPECIALTY INFUSION SERVICES
GROVE PARK PHARMACY HOME CARE
HOMECARE OF THE REGIONAL MEDICAL CENTER
INTERIM HEALTCARE OF THE UPSTATE
INTRAMED PLUS (Limited to home infusion nursing services)
INTREPID USA HEALTHCARE SERVICES **2**
KIDS CARE HOME HEALTH OF SOUTH CAROLINA (Limited to Pediatric Patients) **6**
MEDICAL SERVICES OF AMERICA HOME HEALTH
MUSC HEALTH AT HOME BY BAYADA
NHC HOMECARE-AIKEN
OAKS HOME HEALTH (May Serve Campus Residents Only)
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (May Serve Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - LOW COUNTRY
WELL CARE HOME HEALTH OF THE MIDLANDS

Pickens County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF CLINTON
ANMED HEALTH HOME HEALTH AGENCY
BAYADA HOME HEALTH CARE-GREENVILLE **20**
BIOSCRIP INFUSION SERVICES (May Serve Pediatric Patients Only)
BON SECOURS HOME CARE BY COMPASSUS **3**
CENTERWELL HOME HEALTH-ANDERSON
CENTERWELL HOME HEALTH-GREENVILLE
EMBRACE HOME HEALTH **4**
INTERIM HEALTHCARE OF THE UPSTATE
INTRAMED PLUS (Limited to home infusion nursing services)
KIDS CARE HOME HEALTH OF SOUTH CAROLINA (Limited to Pediatric Patients) **6**
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-LAURENS
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRESBYTERIAN COMMUNITIES OF SC HOME HEALTH AGENCY (Serving Continuing Care Retirement Community Campuses Only)
PRISMA HEALTH HOME HEALTH-UPSTATE
PRUITTHEALTH @ HOME - COLUMBIA
WELL CARE HOME HEALTH OF THE UPSTATE

Richland County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF CAMDEN
AMEDISYS HOME HEALTH OF LEXINGTON
BAYADA HOME HEALTH CARE-COLUMBIA **19**
BIOSCRIP INFUSION SERVICES
CENTERWELL HOME HEALTH
CENTERWELL HOME HEALTH-MIDLANDS
ENHABIT HOME HEALTH AIKEN
FIRST PRIORITY HOME HEALTH CARE
INTERIM HEALTHCARE OF THE UPSTATE
INTRAMED PLUS (Limited to home infusion nursing services)
KIDS CARE HOME HEALTH OF SOUTH CAROLINA (Limited to Pediatric Patients) **6**
MEDICAL SERVICES OF AMERICA HOME HEALTH
MUSC HEALTH AT HOME KERSHAW **21**
NHC HOMECARE-MIDLANDS
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRISMA HEALTH HOME HEALTH
PROVIDENCE HOME HEALTH
PRUITTHEALTH @ HOME - COLUMBIA
WELL CARE HOME HEALTH OF THE MIDLANDS

Saluda County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF LEXINGTON
CENTERWELL HOME HEALTH-MIDLANDS
HEALTH RELATED HOME CARE 1
HOME HEALTH SERVICES OF SELF REGIONAL HEALTHCARE
INTRAMED PLUS (Limited to home infusion nursing services)
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-GREENWOOD
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - LOW COUNTRY
WELL CARE HOME HEALTH OF THE MIDLANDS

Spartanburg County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF CLINTON
BAYADA HOME HEALTH CARE-GREENVILLE
BIOSCRIP INFUSION SERVICES (May Serve Pediatric Patients Only)
BON SECOURS HOME CARE BY COMPASSUS **3**
BRIGHTSTAR SPARTANBURG/GREENVILLE OPERATIONS **15**

CENTERWELL HOME HEALTH-ANDERSON
CENTERWELL HOME HEALTH-GREENVILLE
EMBRACE HOME HEALTH **4**
INTERIM HEALTHCARE OF THE UPSTATE
INTRAMED PLUS (Limited to home infusion nursing services)
KIDS CARE HOME HEALTH OF SOUTH CAROLINA (Limited to Pediatric Patients) **6**
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-LAURENS
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRISMA HEALTH HOME HEALTH-UPSTATE
PRUITTHEALTH @ HOME - COLUMBIA
SPARTANBURG MEDICAL CENTER HOME HEALTH
WELL CARE HOME HEALTH OF THE UPSTATE

Sumter County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF LEXINGTON
BAYADA HOME HEALTH CARE-GREENVILLE
CENTERWELL HOME HEALTH-PEE DEE
COASTAL HEALTH LLC **10**
CORAM CVS SPECIALTY INFUSION SERVICES
COVENANT PLACE CCRC HOME HEALTH SERVICES (May Serve Retirement Community Only)
INTRAMED PLUS (Limited to home infusion nursing services)
KINDRED AT HOME-PEE DEE
MCLEOD HOME HEALTH
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-MIDLANDS
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRISMA HEALTH TUOMEY HOME HEALTH
PROVIDENCE HOME HEALTH
PRUITTHEALTH @ HOME - COLUMBIA
PRUITTHEALTH @ HOME - FLORENCE
WELL CARE HOME HEALTH OF THE MIDLANDS

Union County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH OF CLINTON
BIOSCRIP INFUSION SERVICES (May Serve Pediatric Patients Only)
CENTERWELL HOME HEALTH-ANDERSON
CENTERWELL HOMEHEALTH-GREENVILLE
CENTERWILL HOME HEALTH-UPSTATE

INTERIM HEALTHCARE OF THE UPSTATE
INTRAMED PLUS (Limited to home infusion nursing services)
KIDS CARE HOME HEALTH OF SOUTH CAROLINA (Limited to Pediatric Patients) **6**
MEDICAL SERVICES OF AMERICA HOME HEALTH
NHC HOMECARE-PIEDMONT
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - COLUMBIA
SPARTANBURG MEDICAL CENTER HOME HEALTH

Williamsburg County

ADVANCED NURSING SOLUTIONS
AMEDISYS HOME HEALTH CARE
AMEDISYS HOME HEALTH OF GEORGETOWN
CAROLINAS HOME HEALTH
CENTERWELL HOME HEALTH-COASTAL
CENTERWELL HOME HEALTH-PEE DEE
COASTAL HEALTH LLC
INTRAMED PLUS (Limited to home infusion nursing services)
INTREPID USA HEALTHCARE SERVICES
MEDICAL SERVICES OF AMERICA - COASTAL
NHC HOMECARE-LOW COUNTRY
OPEN HEARTS HOME HEALTHCARE **14**
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC(Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PRUITTHEALTH @ HOME - FLORENCE
WELL CARE HOME HEALTH OF THE LOWCOUNTRY

York County

ADORATION HOME HEALTH **18**
ADVANCED NURSING SOLUTIONS
ATRIUM HEALTH AT HOME YORK (Previously HEALTHY @ HOME)
BAYADA HOME HEALTH CARE-ROCK HILL
BIOSCRIP INFUSION SERVICES
BRIGHTSTAR CARE
CENTERWELL HOME HEALTH-MIDLANDS
CENTERWELL HOME HEALTH-UPSTATE
EMBRACE HOME HEALTH **4**
EXCEL HOME CARE
HOME CARE OF LANCASTER
INTERIM HEALTHCARE OF ROCK HILL
INTRAMED PLUS (Limited to home infusion nursing services)
KIDS CARE HOME HEALTH OF SOUTH CAROLINA (Limited to Pediatric Patients) **6**

MEDICAL SERVICES OF AMERICA HOME HEALTH
NEIGHBORS CARE HOME HEALTH AGENCY AN AMEDISYS COMPANY
OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC (Obstetric Patients Only)
PALMETTO INFUSION SERVICES (Limited to Home Infusion Nursing Services)
PHC HOME HEALTHCARE
PRUITTHEALTH @ HOME - COLUMBIA
WELL CARE HOME HEALTH OF THE UPSTATE

1. Agency closed 10/1/2024
2. Agency closed on 8/12/2024
3. Formerly known as St. Francis Hospital Home Care
4. Formerly known as Providence Care at Home
5. Counties added 10/1/2024
6. CON issued on 7/19/2023 and licensed on 10/19/2023
7. Formerly known as Island Healthcare
8. CON issued on 9/15/2022
9. CON issued on 10/10/2024 and licensed on 6/18/2025
10. CON issued on 4/8/2024 and licensed on 5/20/2024
11. Formerly known as Chesterfield Visiting Nurses Service
12. Agency closed 11/29/2024
13. Agency closed September 2024
14. CON issued on 5/20/2024 and licensed on 9/4/2024
15. Formerly known as Brightstar of Spartanburg
16. CON issued on 7/22/2024 and licensed on 4/3/2025
17. Agency closed
18. Formerly known as Advanced Home Health
19. CON issued on 9/25/2024 and licensed on 4/8/2025
20. CON issued on 9/25/2024 and licensed on 11/18/2024
21. CON issued on 7/5/2023 and licensed on 11/2/2023; formerly known as KershawHealth Home

CHAPTER 5 HOSPITALS

HOSPITALS

Hospital means a facility that is organized and administered to provide overnight medical or surgical care or nursing care for an illness, injury, or infirmity and must provide on-campus emergency services; that may provide obstetrical care; and in which all diagnoses, treatment, or care is administered by or under the direction of persons currently licensed to practice medicine, surgery, or osteopathy.

Hospitals may include a residential treatment facility for children, adolescents, or young adults in need of mental health treatment that is physically a part of a licensed psychiatric hospital. This definition does not include facilities that are licensed by the Department of Social Services. A residential treatment facility for children, adolescents, or young adults in need of mental health treatment that is physically part of a licensed psychiatric hospital is not required to provide on-campus emergency services.

Hospital Bed

A bed for an adult or child patient. Bassinets for the newborn in a maternity unit nursery, beds in labor rooms, recovery rooms, and other beds used exclusively for emergency purposes are not included in this definition.

Bed Capacity

For existing beds, capacity is considered bed space designated exclusively for inpatient care, including space originally designed or remodeled for inpatient beds, even though temporarily not used for such purposes. The number of beds counted in any patient room is the maximum number for which adequate square footage is provided, except that single beds in single rooms have been counted even if the room contained inadequate square footage.

Inventory and Bed Need

All licensed hospitals, including Federal facilities, and CON approved hospitals are listed in the inventory. Patient days and admissions are as reported by the hospital in its Joint Annual Report (JAR). The number of patient days utilized for the general hospital bed need calculations does not include days of care rendered in licensed psychiatric units, substance abuse units, or comprehensive rehabilitation units of hospitals. These days of care are shown in the corresponding inventories for each type of service. In addition, the days of care provided in Long-Term Care hospitals are not included in the bed need calculations.

Total capacity by survey refers to a total designed capacity or maximum number of beds that may be accommodated as determined by an on-site survey. This capacity may exceed the number of beds actually set up and in use. It may also differ from the licensed capacity, which is based on State laws and regulations. Beds have been classified as conforming and nonconforming, according to standards of facility evaluation.

Variable Occupancy Rate

The General Acute Hospital bed need methodology uses the following variable occupancy rate factors:

- 0 - 174 bed hospitals → 65%
- 175 - 349 bed hospitals → 70%
- 350+ bed hospital → 75%

The population and associated utilization are broken down by age groups. The use rates and projected average daily census are made for the age cohorts of 0-17, 18-64, and 65 and over, in recognition that different population groups have different hospital utilization rates.

Where the term "hospital bed need" is used, these figures are based upon utilization data for the general acute hospitals. This term does not suggest that facilities cannot operate at higher occupancy rates than used in the calculations without adding additional beds.

Availability

The need for general hospital beds is determined through the consideration of current utilization and projected population growth with the goal of having beds available within approximately 30 minutes travel time for the majority of the residents of the State.

CERTIFICATE OF NEED PROJECTION AND STANDARDS

1. Calculations of hospital bed need are made for individual hospitals and for service areas.
2. For individual hospitals, the methodology for calculating bed need is as follows:
 - a. Determine the current facility use rate by dividing the 2024 patient days by the 2024 population in each of the three age cohorts.
 - b. Multiply the current facility use rate for each age cohort by the projected population by age cohort and divide by 365 to obtain a projected average daily census (ADC) by age cohort.
 - c. Divide the sum of the age cohort projected ADC by the variable occupancy factor (.65/.70/.75) to determine the hospital's bed need.
 - d. The number of additional beds needed or excess beds for the hospital is obtained by subtracting the number of existing and approved beds from the hospital's bed need.
3. The methodology for calculating the statewide utilization bed need for a service area is as follows:
 - a. Divide the statewide total patient days by 365 to determine the statewide average daily census.
 - b. Divide the statewide average daily census by the statewide occupancy factor (.75) to determine the total statewide bed need.

- c. Divide the statewide bed need by the 2024 statewide population to generate a bed-per-population (BPP) multiplier.
 - d. For each service area, multiply the projected population by the BPP multiplier to determine the service area bed need, then subtract the total number of existing and approved beds to determine the statewide utilization bed need for the service area.
4. The bed need for each service area is the combined bed need for all individual hospitals in the service area. The bed need for service areas with no hospital, or for service areas in which no hospital has reported any utilization data on the most recent JAR, is the statewide utilization bed need.
5. If a service area indicates a surplus of beds, then no additional beds will be approved unless an individual hospital in the service area indicates a need for additional beds. Should an individual hospital indicate a need for additional beds, then a maximum of the actual projected bed need or up to 50 additional beds may be approved for that hospital to allow for the construction of an economical unit at either the existing hospital site or another site, if the existing hospital is relocating or has relocated in whole or in part to that site. The hospital requesting the addition must document the need for additional beds beyond those indicated as needed by the methodology stated above, based on historical and projected utilization, as well as projected population growth or other factors demonstrating the need for the proposed beds. Additional beds will only be approved for the specific hospital indicating a need.
6. If there is a need for additional hospital beds in the service area, then any entity may apply to add these beds within the service area, and any entity may be awarded the Certificate of Need for these beds. If the number of beds needed is less than 50, then up to a total of 50 beds could be approved for any entity at any location within the service area. An applicant requesting additional beds beyond those indicated as needed by the methodology stated above must document the need for additional beds based on historical and projected utilization, projected population growth that has not been considered in this Plan or other factors demonstrating the need for the proposed beds. It is up to the applicant to document the need and the potential negative impact on the existing facilities.
7. A facility may apply to create a new additional hospital at a different site within the same service area through the transfer of existing licensed beds, the projected bed need for the facility, or a combination of both existing beds and projected bed need. The facility is not required to have a projected need for additional beds in order to create a new additional hospital. There is no required minimum number of beds in order to approve the CON application. The applicant must justify, through patient origin and other data, the need for a new hospital at the chosen site and the potential adverse impact a new hospital at the chosen site could have on the existing hospitals in the service area.
8. No additional hospital will be approved unless it will provide:

- a. A 24-hour emergency services department that meets the requirements of Regulation 60-16:
 - b. Inpatient medical services to both surgical or non-surgical patients; and
 - c. Medical or surgical services on a daily basis within at least six of the major diagnostic categories as recognized by Centers for Medicare and Medicaid Services (CMS). Any applicant for a new hospital must provide a written commitment that the facility will accept Medicare and Medicaid patients and that unreimbursed services for indigent and charity patients are provided at a percentage that meets or exceeds other hospitals in the service area. The CMS Diagnostic Categories Chart is located at the end of this Chapter.
9. Due to the low utilization and the low capital cost of converting hospital-based nursing home, psychiatric, rehabilitation and/or substance abuse beds to general acute care hospital beds, the following policies may apply:
 - a. Hospitals that have licensed nursing home beds within the hospital may be allowed to convert nursing home beds to general acute care hospital beds only within the hospital, provided the hospital can document an actual need for additional general acute care beds. Need will be based on actual utilization, using current information. *A Certificate of Need is required for this conversion.*
 - b. Existing acute care hospitals that have inpatient psychiatric, rehabilitation, or substance abuse beds may be allowed to convert such beds to acute care hospital beds, regardless of the projected need for general acute care hospital beds. *A Certificate of Need is required for this conversion.*
10. In some areas of South Carolina, a considerable influx of tourists is not counted in the permanent population. If an individual hospital in these areas can document and demonstrate the need for additional beds due to non-resident (tourist) population and seasonal utilization fluctuations due to this population, then, based on further analysis, the Department may approve some additional beds at the existing hospital.
11. Should the deletion of services at a federal facility result in an immediate impact on the utilization of a hospital, then the Department may approve a request for additional beds at the affected hospital. The affected hospital must document the increase in demand and explain why additional beds are needed to accommodate patients previously served at the federal facility.
12. Changes in the delivery system due to health care reform have resulted in the consolidation of facilities and the establishment of provider networks. These consolidations and agreements may lead to situations where affiliated hospitals may wish to transfer beds between themselves in order to serve their patients in a more efficient manner. *A proposal to transfer or exchange hospital beds requires a Certificate of Need and must comply with the provisions outlined in Chapter 2, Transfer between Affiliated Facilities.*
13. Factors to be considered regarding modernization of facilities include:

- a. Functional arrangement of the facility as it relates to efficient handling of patients and related workloads.
- b. The ability to update medical technology within the existing facility.
- c. Existence of The Joint Commission (TJC) or other accreditation body deficiencies or "grandfathered" licensure deficiencies.
- d. Cost efficiency of the existing physical facility versus facility revision, etc.
- e. Private rooms are now considered the industry standard.

14. Each modernization proposal must be evaluated on the basis of merit, cost efficiency, and impact on health care delivery within the service area.

The Hospital Bed Need Chart is located at the end of this Chapter.

RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA

The following Project Review Criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

- 1. Compliance with the need outlined in the South Carolina Health Plan (802.1);
- 2. Community Need Documentation (802.2);
- 3. Distribution (Accessibility) (802.3);
- 4. Acceptability (802.4);
- 5. Quality of Care (802.18);
- 6. Ability to Complete the Project (802.6); and
- 7. Adverse Effects on other Facilities (802.13).

General hospital beds are typically located within approximately thirty (30) minutes travel time for the majority of the residents of the State. The benefits of improved accessibility will be equally weighed with the adverse effects of duplication in evaluating Certificate of Need applications for these beds.

LONG-TERM ACUTE CARE HOSPITALS

Long-Term Acute Care Hospitals (LTACHs) are hospitals with an average Medicare inpatient length of stay of greater than 25 days, including all covered and non-covered days of stay of Medicare patients. They provide treatment to patients with complex medical conditions, such as strokes, cardiac care, ventilator dependency, wound care and post-surgical care.

A LTACH may be either a freestanding facility or may occupy space in another hospital ("hospital-within-a-hospital"). Hospitals must meet additional federal criteria in order to qualify for a LTACH under the "hospital-within-a-hospital" model:

- 1. The new LTACH must have a governing body, which is separate from the governing body of the host hospital, and the new body cannot be under the control of the host hospital or any third entity that controls both hospitals.

2. The LTACH must have a separate Chief Executive Officer through whom all administrative authority flows, who is not employed by, or under contract with, the host hospital or any third entity that controls both hospitals.
3. The LTACH must have a separate Chief Medical Officer who reports directly to the governing body and is responsible for all medical staff activities. The Chief Medical Officer cannot be under contract with the host hospital or any third entity that controls both hospitals.
4. The LTACH must have a separate medical staff which reports directly to the governing body, and adopt bylaws governing medical care, including granting privileges to individual practitioners.

CERTIFICATE OF NEED PROJECTIONS AND STANDARDS

1. An application for a LTACH must be in compliance with the relevant standards in Regulation 60-16 (Minimum Standards for Licensing Hospitals and Institutional General Infirmaries).
2. Although LTACH beds are not considered to be a separate category for licensing purposes, they will be inventoried separately from general acute care hospital beds for planning purposes.
3. The utilization of LTACHs is not included in the bed need for general acute care hospital beds. No bed need will be calculated for LTACH beds. An applicant must document the need for LTACH beds based on the utilization of existing LTACH beds.
4. A hospital that has leased general beds to a LTACH shall be entitled to regain these beds once the lease is terminated. No entity other than the hospital (or its successor) that initially leased the general acute beds to the LTACH shall be entitled to the beds upon termination of the lease. A Certificate of Need application is required:
 - a) A hospital may be allowed to convert these former LTACH beds to general acute hospital beds regardless of the projected need for general acute beds;
 - b) A hospital may be allowed to convert these former LTACH beds to psychiatric, inpatient treatment facility, rehabilitation, or other specialty beds only if there is a bed need projected for this proposed other category of licensed beds.
5. A hospital which seeks to be designated as a LTACH, and has been awarded a CON for that purpose, must be certified as a LTACH by CMS within 24 months

of accepting its first patient, or the CON issued to that hospital for that purpose shall be revoked. The entity that has had its CON revoked shall not have the authority to operate as a general acute care hospital.

6. A hospital that desires to be designated as a Pediatric LTACH must restrict admissions to patients under the age of 21 who require long-term medical care. Should the facility attempt to provide care that is inconsistent with this requirement or patient demand or other economic conditions require the facility to close, the Certificate of Need issued to that hospital for that purpose shall be revoked.

The Long-Term Acute Care Hospitals Chart is located at the end of this Chapter.

RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA

The following project review criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

1. Compliance with the need outlined in the South Carolina Health Plan (802.1);
2. Community Need Documentation (802.2);
3. Distribution (Accessibility) (802.3);
4. Quality of Care (802.18); and
5. Record of the Applicant (802.5).

Long-Term Acute Care Hospital beds are located within approximately 60 minutes travel time for the majority of the residents of the State. The benefits of improved accessibility will be equally weighed with the adverse effects of duplication in evaluating Certificate of Need applications for these beds.

COMMUNITY PSYCHIATRIC BEDS

Inpatient psychiatric services are those services provided to patients who are admitted to institutions for evaluation, diagnosis and treatment of mental, emotional or behavioral disorders. Services may be provided in either psychiatric units of general hospitals or freestanding psychiatric hospitals.

Special units for children, adolescents and geriatric patients have been developed throughout the State. If any additional beds are approved, they must come from the calculated psychiatric bed need in this Plan. These specialty psychiatric services should be identifiable units with sufficient space to have available areas for sleeping, dining, education, recreation, occupational therapy and offices of evaluation and therapy. The unit should be staffed with an appropriate multi-disciplinary care team of psychiatrists, psychologists, social workers, nurses, occupational therapists, recreational therapists, and psychiatric technicians. Other consultants should be available as needed.

The Psychiatric Programs Chart is located at the end of this Chapter.

CERTIFICATE OF NEED PROJECTIONS AND STANDARDS

1. Need projections are calculated on a statewide basis to serve the needs of this population.
2. The applicant must document the need for the expansion of, or the addition of psychiatric services based on the most current utilization data available. The existing resources must be considered, and documentation presented as to why these resources are not adequate to meet the needs of the community.
3. The methodology for calculating psychiatric beds need is as follows:
 - a. The statewide utilization rate for psychiatric beds will be used for each age cohort.
 - b. Multiply the applicable utilization rate by the projected population for the year 2030 for each age cohort (where such data is available) and divide by 365 to obtain a projected average daily census by age cohort.
 - c. Take the sum of average daily censuses by age cohort and divide by the target occupancy rate of 50% to determine the number of beds needed in the statewide.
 - d. The number of additional beds needed or excess beds for the statewide is obtained by subtracting the number of existing beds from the bed need.
4. In the absence of a projected need for beds in a psychiatric service area, an existing facility can apply to add up to eight additional beds, given that it has achieved an occupancy rate of at least 70% as reported on the most recent Joint Annual Report ("JAR") at the time the application is filed with the Department. Up to ten additional beds may be added in a facility which has achieved an occupancy rate of at least 90% as reported on the most recent JAR at the time the application is filed with the Department.
5. Priority should be given to excess general hospital beds that can be economically and cost effectively converted for use as a specialized psychiatric unit over the construction of new beds, if such beds will be accessible to the target.

The Psychiatric Bed Need Chart is located at the end of this Chapter.

RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA

The following project review criteria are considered to be the most important in evaluating Certificate of Need applications for this service.

1. Compliance with the need outlined in the South Carolina Health Plan (802.1);
2. Community Need Documentation (802.2);
3. Distribution (Accessibility) (802.3);
4. Quality of Care (802.18);
5. Record of the Applicant (802.5); and
6. Staff Resources (802.10).

Psychiatric beds are planned for and located within 60 minutes travel time for the majority of the residents of the State. In addition, current utilization and population growth are factored into the methodology for determining psychiatric bed need. The benefits of improved accessibility will be equally weighed with the adverse effects of duplication in evaluating Certificate of Need applications for these services.

STATE MENTAL HEALTH FACILITIES

Psychiatric Hospital Beds

Department of Behavioral Health and Developmental Disabilities (BHDD) operates a variety of psychiatric facilities. BHDD has analyzed the patient population and plans to provide psychiatric services in the least restrictive environment, maintain patients in the community and keep hospitalization to a minimum. Since BHDD cannot refuse any patient assigned to them by a court, renovation, replacement and expansion of the component programs should be allowed as long as the overall psychiatric hospital complement is maintained or reduced. As long as BHDD does not add any additional beds over the 3,720 beds that were in existence on July 1, 1988, any changes in facility bed capacity would not require Certificate of Need review.

INPATIENT TREATMENT FACILITIES (SUBSTANCE ABUSE BEDS)

An inpatient treatment facility is a short-term treatment service for persons who are in need of an organized intensive program of alcohol and/or drug rehabilitation, but who are without serious debilitating medical complications. These facilities may provide detoxification for their patients, as needed, in the inpatient treatment beds. These facilities are licensed either as a specialized hospital or as part of a hospital. For reference purposes only, these facilities are subject to compliance with Regulation 60-16.

The Inpatient Treatment Facilities Chart is located at the end of this Chapter.

CERTIFICATE OF NEED PROJECTIONS AND STANDARDS

1. Need projections are calculated by service area.
2. The methodology for calculating inpatient treatment bed need is as follows:
 - a. For the service area, take the greater of the service area utilization rate or the statewide utilization rate for inpatient treatment beds by age cohort. The statewide utilization rate for each age cohort will be used for those service areas where no beds currently exist.
 - b. Multiply the applicable utilization rate by the projected population for the year 2030 for each age cohort (where such data is available) and divide by 365 to obtain a projected average daily census by age cohort.
 - c. Take the sum of average daily censuses by age cohort and divide by the target occupancy rate of 75% to determine the number of beds needed in the service area.
 - d. The number of additional beds needed or excess beds for the service area is obtained by subtracting the number of existing beds from the bed need.
3. The significant prevalence of patients with mixed psychiatric/addictive etiologies presenting to hospitals with inpatient psychiatric beds, in the absence of a projected need statewide for inpatient treatment facility beds (substance abuse beds), a hospital or

inpatient psychiatric facility without substance abuse beds may apply for a Certificate of Need to add up to eight (8) substance abuse beds if it can demonstrate need for the substance abuse beds at its facility, demonstrate an improvement in access to substance abuse beds statewide, and avoid materially adversely affecting existing inpatient treatment facilities.

4. In the absence of a projected need in the service area, an existing inpatient treatment facility can apply to add up to eight additional inpatient treatment beds if it has achieved an occupancy rate of at least 70% as reported on its most recent Joint Annual Report ("JAR") at the time the application is filed with the Department.
5. The establishment of a regional treatment center to serve more than a single service area may be proposed in order to improve access to care for patients in service areas that are not currently well served. Such a proposed center would be allowed to combine the bed need for separate, contiguous service areas, provided that each service area to be combined shows a positive bed need. The applicant must document with patient origin data the historical utilization of the residents in the service area that is to be combined, or why it is in the best interest of these residents for their projected bed need to be used to form a regional treatment facility.
6. It is frequently impossible for a facility to totally predict or control short-term deviation in the number of patients with mixed psychiatric/addictive etiology. Therefore, in the case of facilities with licensed beds for both psychiatric and substance abuse treatment, 75% of licensed substance abuse beds may be utilized alternatively for the treatment of patients having diagnoses of both psychiatric and substance abuse disorders.

RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA

The following Project Review Criteria are considered to be the most important in evaluating Certificate of Need applications for this service.

1. Compliance with the need outlined in the South Carolina Health Plan (802.1);
2. Community Need Documentation (802.2);
3. Distribution (Accessibility) (802.3);
4. Quality of Care (802.18); and
5. Staff Resources (802.10).

Services are accessible within 60 minutes travel time for the majority of residents of the state. The benefits of improved accessibility will be equally weighed with the adverse effects of duplication in evaluating Certificate of Need applications for this service.

The Inpatient Treatment Bed Need Chart is located at the end of this Chapter.

Statewide Programs

The South Carolina Vocational Rehabilitation Center operates a 30-bed facility in West Columbia to serve the vocational training needs of the disabled.

CRITICAL ACCESS HOSPITALS (CAH)

The South Carolina Department of Health and Human Services administers programs through the Medicaid program to assist rural hospitals. One such program designates rural hospitals as Critical Access Hospitals (CAH) who are then eligible for more favorable Medicaid reimbursement methodology.

A CAH is intended to provide essential health services to rural communities. Converting a struggling rural hospital to a CAH can allow a community to maintain local health access that would otherwise be lost. CAHs are subject to review by the Independent Payment Advisory Board (IPAB), whereas other hospitals are not currently subject to IPAB review.

The impact of the Critical Access Hospital Program in South Carolina is a financial one, allowing cost-based reimbursement from Medicare for a facility choosing to participate. The designation as a CAH does not require a change in the licensing of an existing hospital. However, a hospital may be required to de-license a number of beds in order to meet the 25-bed requirement.

The designation of a hospital as a Critical Access Hospital *does not require Certificate of Need review* because it does not change the licensing category of the facility. However, an exemption from Certificate of Need review is required for a hospital to reduce its number of licensed beds in order to meet the criteria for the CAH. *Should a hospital later desire to revert to a general acute hospital, a Certificate of Need is required*, but the facility may be permitted to increase the number of licensed hospital beds up to the prior number of beds without regard or affect to the current bed need shown in the service area.

The Critical Access Hospitals Chart is located at the end of this Chapter.

PERINATAL SERVICES

PERINATAL REGIONS

The Perinatal Regions referred to in the Neonatal Services sections below are distinct from the Department's Geographic Areas defined in Chapter 2 of this Plan and are identified by the name of its designated Regional Perinatal Center.

Perinatal Region

I – Prisma Health Greenville Memorial

Counties

Abbeville, Anderson, Edgefield, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Saluda

II – Spartanburg Regional

III – Prisma Health Richland

Cherokee, Chester, Spartanburg, Union

Clarendon, Fairfield, Kershaw, Lancaster, Lee, Lexington, Newberry, Orangeburg, Richland, Sumter, York

IV – McLeod Regional

Chesterfield, Darlington, Dillon, Florence, Horry, Marion, Marlboro, Williamsburg

V – MUSC Medical

Beaufort, Berkeley, Charleston, Colleton, Dorchester, Hampton, Jasper, Georgetown

PERINATAL SERVICE LEVELS

Because the cost of high-risk obstetrical and neonatal services is so great, it is not desirable or cost-effective for all hospitals in the State to provide higher levels of care. Over the years, a regionalized approach to perinatal care has been implemented in South Carolina to address the need for high quality, risk-appropriate, cost-effective perinatal health care. Regionalization provides a coordinated system of perinatal care for a well-defined population group. Each hospital providing perinatal services is designated by the Department's Hospitals and Professionals Section as a Level I, II, III, or IV Perinatal Hospital, or a Regional Perinatal Center (RPC). Each Level I, II, III and IV hospital maintains a relationship with its designated RPC for consultation, transport and continuing education. Patients are transferred to the appropriate RPC when medically appropriate, if beds are available. True regionalization for the optimization of perinatal care includes a stated goal of back-transporting infants when they no longer require the highest level of care. Convalescing infants benefit from a community-based program closer to home that promotes parent education and family bonding to facilitate a safe and timely discharge. In this way, quality care is provided to mothers and newborn infants, and specially trained perinatal personnel and intensive care facilities can be used efficiently and cost-effectively.

The complete descriptions of the five levels of perinatal services described briefly below are outlined in the Section of Regulation 60-16 entitled Designation of Inpatient Perinatal Care Services.

Basic Perinatal Center with Well Newborn Nursery (Level I). Level I hospitals provide services for normal uncomplicated pregnancies. A full list of the requirements for a Level I Basic Perinatal Center with Well Newborn Nursery can be found at Regulation 60-16, Section 1306.A.

Specialty Perinatal Center with Special Care Nursery (Level II). In addition to complying with the requirements of Regulation 60-16, Section 1306.A, Level II hospitals provide services for both normal and selected high-risk obstetrical and neonatal patients. A full list of the requirements for a Level II Specialty Perinatal Center can be found at Regulation 60-16, Section 1306.B.

Subspecialty Perinatal Center with Neonatal Intensive Care Unit (Level III). In addition to complying with the requirements of Regulation 60-16, Sections 1306.A and 1306.B, Level III hospitals provide all aspects of perinatal care, including intensive care and a range of continuously available, sub-specialty consultation as recommended in the most recent edition of the *Guidelines for Perinatal Care* (GPC) by the American Academy of Pediatrics (AAP) and The American College of Obstetricians and Gynecologists. A full list of the requirements for a Level III Subspecialty Perinatal Center with Neonatal Intensive Care Unit can be found at Regulation 60-16, Section 1306.C. Neonatal transport may only be performed by Regional Perinatal Centers.

Regional Perinatal Center with Neonatal Intensive Care Unit (RPC). In addition to complying with the requirements of Regulation 60-16, Sections 1306.A through 1306.C, RPCs provide consultative, outreach, and support services to other hospitals in the region. A full list of the requirements for a Regional Perinatal Center can be found at Regulation 60-16, Section 1306.D. No more than one Regional Perinatal Center will be approved in each perinatal region.

Complex Neonatal Intensive Care Unit (Level IV). In addition to complying with the requirements of Regulation 60-16, Sections 1306.A through 1306.C, Level IV hospitals shall include additional

capabilities and considerable experience in the care of the most complex and critically ill newborn infants and have pediatric medical and surgical specialty consultants available 24 hours a day. A full list of the requirements for a Complex Neonatal Intensive Care Unit can be found at Regulation 60-16, Section 1306.E. A Level IV hospital need not act as a Regional Perinatal Center (RPC).

The Perinatal-Capable Facilities Chart is located at the end of this Chapter.

NEONATAL SERVICES (NEONATAL INTENSIVE CARE BASSINETS)

Neonatal services highly specialized and are only required by a very small percentage of infants. The need for these services is affected by the incidence of high-risk deliveries, the percentage of live births requiring neonatal services, and the average length of stay. The limited need for these services requires that they be planned for on a regional basis, fostering the location of these specialized units in hospitals that have the necessary staff, equipment, and consultative services and facilities. Referral networks facilitate the transfer of infants requiring this level of services from other facilities.

CERTIFICATE OF NEED PROJECTIONS AND STANDARDS

1. The projected need for neonatal intensive care bassinets is calculated on a regional basis:
 - a. For each region take the average number of births from 2022-2024 and the average population of women age 15-44 for 2022-2024 to generate an average birth rate.
 - b. Multiply the average birth rate against the projected 2029 population of women age 15-44 to project the number of births in 2029.
 - c. Generate the projected number of intensive care bassinets needed in a region by applying a constant of 3.25 bassinets per 1,000 live births to the projected birth rate and subtracting the existing bassinets from this total.
 - d. Any Level III, Level IV, or RPC neonatal unit may request additional intensive care bassinets beyond those indicated as needed by the methodology above. The Level III, Level IV, or RPC neonatal unit requesting the addition must document the need for additional intensive care bassinets based on historical and projected utilization, projected population growth, routine swing of intermediate care bassinets into the intensive care setting, or other factors demonstrating the need for the proposed bassinets.
 - e. In the absence of a projected need for Level III Intensive Care bassinets in a Perinatal Region as set forth in this Chapter, an existing Level II facility can be approved for a Certificate of Need to become a Subspecialty Perinatal Center and establish up to eight (8) neonatal intensive care bassinets (NICU beds), provided the applicant can demonstrate, during the 12 month period immediately prior to the month in which the CON application is submitted to the Department, a minimum of 1,500 births and 2,500 intermediate patient days at its facility.
2. Only Level III, Level IV, and RPC neonatal units have intensive care bassinets.

The Intensive and Intermediate Bassinets Chart, Utilization of Neonatal Special Care Units Chart and NICU Bed Need Chart are located at the end of this Chapter.

The addition of neonatal intermediate care bassinets does not require Certificate of Need review.

In some areas the number of intensive care bassinets should be increased. The intermediate care bassinets should be better utilized in Level II facilities so babies can be transferred back closer to their home community, potentially alleviating the high utilization of the current intensive/intermediate care bassinets in RPC facilities in some areas of the State. To improve the availability of the existing RPC neonatal intensive care bassinets, utilization of the back transport concept should be supported. This component of regionalized care involves the transfer of infants who no longer require neonatal intensive care to facilities with intermediate or continuing care bassinets appropriate to the individual baby's care needs. If more back transfers to the Level II facilities occurred, then some of the overcrowding problems of the existing RPC units would be alleviated.

It should be noted that some RPC, Level III, and Level IV facilities with intensive care bassinets may at times have intermediate type infants in intensive care bassinets and vice versa as the patient load changes within the unit. RPCs may use intermediate and intensive care bassinets interchangeably as the level of care required by the neonate varies.

RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA

The following criteria are considered the most important in evaluating Certificate of Need applications for neonatal intensive care bassinets:

1. Compliance with the need outlined in the South Carolina Health Plan (802.1);
2. Distribution (Accessibility) (802.3);
3. Quality of Care (802.18);
4. Record of the Applicant (802.5); and
5. Adverse Effects on Other Facilities (802.13).

Because neonatal services are planned and located regionally due to the small percentage of infants requiring neonatal services, this service is available within approximately 30 minutes travel time for the majority of the population. The benefits of improved accessibility will be equally weighed with the adverse effects of duplication in evaluating Certificate of Need applications for this service.

CMS MAJOR DIAGNOSTIC CATEGORIES (Chapter 5)

- MDC 1: Diseases and Disorders of the Nervous System
- MDC 2: Diseases and Disorders of the Eye
- MDC 3: Diseases and Disorders of the Ear, Nose, Mouth and Throat
- MDC 4: Diseases and Disorders of the Respiratory System
- MDC 5: Diseases and Disorders of the Circulatory System
- MDC 6: Diseases and Disorders of the Digestive System
- MDC 7: Diseases and Disorders of the Hepatobiliary System and Pancreas
- MDC 8: Diseases and Disorders of the Musculoskeletal System and Connective Tissue

- MDC 9: Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast
- MDC 10: Endocrine, Nutritional and Metabolic Diseases and Disorders
- MDC 11: Diseases and Disorders of the Kidney and Urinary Tract
- MDC 12: Diseases and Disorders of the Male Reproductive System
- MDC 13: Diseases and Disorders of the Female Reproductive System
- MDC 14: Pregnancy, Childbirth, and Puerperium
- MDC 15: Newborns and Other Neonates with Conditions Originating in the Perinatal Period

- MDC 16: Diseases and Disorders of the Blood, Blood Forming Organs, Immunological Disorders

- MDC 17: Myeloproliferative Diseases and Disorders, and Poorly Differentiated Neoplasm

- MDC 18: Infectious and Parasitic Diseases (Systemic or Unspecified Sites)
- MDC 19: Mental Diseases and Disorders
- MDC 20: Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders
- MDC 21: Injuries, Poisonings and Toxic Effects of Drugs
- MDC 22: Burns
- MDC 23: Factors Influencing Health Status and Other Contacts with Health Services
- MDC 24: Multiple Significant Trauma
- MDC 25: Human Immunodeficiency Virus Infections

HOSPITAL BED NEED

(Chapter 5)

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
Abbeville Area Medical Center	<18	4,746	4,603	-	0							
	18-64	13,942	13,799	558	2							
	+65	5,755	6,047	1,037	3							
	TOTAL	24,442	24,449	1,595	4	65%	7	25	-18	17.48%		
Abbeville County Total							7	25	-18		42	17
Aiken Regional Medical Center	<18	38,428	40,283	275	1							
	18-64	102,080	105,674	20,261	57							
	+65	38,624	44,299	24,492	77							
	TOTAL	179,132	190,256	45,028	135	70%	194	197	-3	62.62%		

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
Aiken County Total							194	197	-3		326	129
Allendale County Hospital 1	<18	1,272	995	NR	0							
	18-64	4,225	3,494	NR	0							
	+65	1,669	1,482	NR	0							
	TOTAL	7,166	5,971	448	1	65%	2	25	-23	4.91%		
Allendale County Total							2	25	-23		11	-14
AnMed Health Medical Center 1	<18	48,218	50,128	NR	0							
	18-64	126,997	136,740	NR	0							
	+65	40,686	46,235	NR	0							
	TOTAL	215,901	233,103	86,223	255	75%	341	495	-154	47.72%		
Anderson County Total							341	495	-154		80	-415

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
Beaufort Memorial Hospital	<18	33,723	32,553	258	1							
	18-64	108,214	113,553	11,124	32							
	+65	59,944	72,609	17,933	60							
	TOTAL	201,881	218,715	29,315	92	65%	142	169	-27	47.52%		
Hilton Head Hospital	<18	33,723	32,553	9	0							
	18-64	108,214	113,553	5,194	15							
	+65	59,944	72,609	14,051	47							
	TOTAL	201,881	218,715	19,254	62	65%	95	93	2	56.72%		
Beaufort County Total*							237	262	-25		375	113
Roper St. Francis-Berkeley	<18	60,732	69,122	12	0							
	18-64	161,505	191,817	6,090	20							
	+65	40,786	53,121	7,089	25							
	TOTAL	263,023	314,060	13,191	45	65%	70	100	-30	36.14%		

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
MUHA Community Hospital	<18	60,732	69,122	-	0							
	18-64	161,505	191,817	-	0							
	+65	40,786	53,121	-	0							
	TOTAL	263,023	314,060	-	0	65%	0	128	-128	0.00%		
Berkeley County Total *							70	228	-158		538	310
Bon Secours - Saint Francis Xavier Hospital 18	<18	81,709	81,440	87	0							
	18-64	265,808	274,780	17,614	50							
	+65	80,947	94,496	19,152	61							
	TOTAL	428,463	450,717	36,853	111	70%	160	190	-30	53.14%		
East Cooper Medical Center 1	<18	81,709	81,440	NR	0							
	18-64	265,808	274,780	NR	0							
	+65	80,947	94,496	NR	0							

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
	TOTAL	428,463	450,717	12,674	37	65%	57	130	-73	26.71%		
Johns Island Hospital 2	<18	81,709	81,440	-	0							
	18-64	265,808	274,780	-	0							
	+65	80,947	94,496	-	0							
	TOTAL	428,463	450,717	-	0	65%	0	50	-50	0.00%		
Mount Pleasant Hospital	<18	81,709	81,440	-	0							
	18-64	265,808	274,780	3,188	9							
	+65	80,947	94,496	8,628	28							
	TOTAL	428,463	450,717	11,816	37	65%	57	85	-28	38.09%		
MUSC Medical Center 3	<18	81,709	81,440	33,755	92							
	18-64	265,808	274,780	113,836	322							
	+65	80,947	94,496	74,065	237							
	TOTAL	428,463	450,717	221,656	651	75%	869	725	144	83.76%		
Roper Hospital	<18	81,709	81,440	NR	0							

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
	18-64	265,808	274,780	NR	0							
	+65	80,947	94,496	NR	0							
	TOTAL	428,463	450,717	65,659	189	70%	271	266	5	67.63%		
Trident Medical Center	<18	81,709	81,440	NR	0							
	18-64	265,808	274,780	NR	0							
	+65	80,947	94,496	NR	0							
	TOTAL	428,463	450,717	77,842	224	70%	321	282	39	75.63%		
Charleston County Total							1,735	1728	7		772	-956
Cherokee Medical Center	<18	12,892	12,511	-	0							
	18-64	33,712	33,547	2,278	6							
	+65	10,160	10,749	3,945	11							
	TOTAL	56,764	56,807	6,223	17	65%	27	125	-98	13.64%		
Cherokee County Total							27	125	-98		98	-27

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
MUSC Health Chester Medical Center	<18	7,000	6,581	-	0							
	18-64	18,762	18,480	1,282	3							
	+65	6,459	6,923	2,042	6							
	TOTAL	32,221	31,984	3,324	9	65%	15	82	-67	11.11%		
Chester County Total							15	82	-67		55	-27
McLeod Health Cheraw 4	<18	9,777	9,749	3	0							
	18-64	25,515	24,783	3,530	9							
	+65	8,709	9,138	6,019	17							
	TOTAL	44,001	43,670	9,552	27	65%	42	35	7	74.77%		
Chesterfield County Total							42	35	7		75	40
McLeod Health Clarendon	<18	5,396	4,801	22	0							
	18-64	17,354	16,212	4,310	11							

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
	+65	8,043	8,305	5,382	15							
	TOTAL	30,793	29,319	9,714	26	65%	41	81	-40	32.86%		
Clarendon County Total							41	81	-40		51	-30
Colleton Medical Center	<18	8,877	8,926	607	2							
	18-64	22,004	22,030	5,336	15							
	+65	8,142	8,758	5,542	16							
	TOTAL	39,024	39,713	11,485	41	65%	64	116	-52	27.13%		
Colleton County Total							64	116	-52		68	-48
Carolina Pines Regional Medical Center	<18	13,805	13,494	198	1							
	18-64	35,665	33,566	5,247	14							
	+65	12,524	12,298	5,901	16							
	TOTAL	61,994	59,358	11,346	30	65%	47	116	-69	26.80%		

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
Darlington County Total**							47	116	-69		102	-14
McLeod Medical Center Dillon	<18	6,905	6,431	99	0							
	18-64	15,504	14,257	3,126	8							
	+65	4,968	4,794	3,737	10							
	TOTAL	27,378	25,482	6,962	18	65%	28	79	-51	24.14%		
Dillon County Total							28	79	-51		44	-35
Summerville Medical Center	<18	40,825	42,167	NR	0							
	18-64	103,681	109,624	NR	0							
	+65	27,508	32,967	NR	0							
	TOTAL	172,014	184,758	29,806	88	65%	135	174	-39	46.93%		
Dorchester County Total							135	174	-39		317	143
Edgefield County Healthcare	<18	4,583	4,922	-	0							

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
	18-64	17,590	18,940	853	3							
	+65	5,844	6,663	2,316	7							
	TOTAL	28,016	30,525	3,169	10	65%	16	25	-9	34.73%		
Edgefield County Total							16	25	-9		53	28
MUSC Health Florence Medical Center	<18	32,127	31,158	7	0							
	18-64	79,669	78,617	22,258	60							
	+65	25,344	26,425	26,560	76							
	TOTAL	137,140	136,201	48,825	133	70%	190	310	-120	43.15%		
MUSC Health Florence Women's Pavillion	<18	32,127	31,158	40	0							
	18-64	79,669	78,617	1,858	5							
	+65	25,344	26,425	-	0							
	TOTAL	137,140	136,201	2,219	6	65%	10	20	-10	30.40%		

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
McLeod Regional Medical Center	<18	32,127	31,158	3,304	9							
of the Pee Dee	18-64	79,669	78,617	56,789	154							
	+65	25,344	26,425	72,477	207							
	TOTAL	137,140	136,201	132,570	369	75%	493	517	-24	70.25%		
Florence County Total***							693	847	-154		234	-613
Tidelands Georgetown Memorial Hospital	<18	10,720	10,097	1	0							
	18-64	34,172	34,219	6,168	17							
	+65	21,460	25,088	10,236	33							
	TOTAL	66,352	69,404	16,405	50	65%	77	131	-54	34.31%		
Tidelands Waccamaw Community Hospital	<18	10,720	10,097	128	0							
	18-64	34,172	34,219	9,618	26							

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
	+65	21,460	25,088	19,227	62							
	TOTAL	66,352	69,404	28,973	88	65%	136	124	12	64.01%		
Georgetown County Total							213	255	-42		119	-136
Prisma Health Greenville Memorial Hospital	<18	128,421	136,845	19,552	57							
	18-64	340,319	371,394	99,488	297							
	+65	98,877	117,947	88,019	288							
	TOTAL	567,617	626,186	207,059	642	75%	857	746	111	76.04%		
Prisma Health Greer Memorial Hospital	<18	128,421	136,845	14	0							
	18-64	340,319	371,394	9,519	28							
	+65	98,877	117,947	12,426	41							
	TOTAL	567,617	626,186	21,959	69	65%	107	82	25	73.37%		

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
Prisma Health Hillcrest Hospital	<18	128,421	136,845	2	0							
	18-64	340,319	371,394	5,051	15							
	+65	98,877	117,947	6,406	21							
	TOTAL	567,617	626,186	11,459	36	65%	56	43	13	73.01%		
Prisma Health Patewood Hospital	<18	128,421	136,845	47	0							
	18-64	340,319	371,394	7,700	23							
	+65	98,877	117,947	407	1							
	TOTAL	567,617	626,186	8,154	24	65%	38	72	-34	31.03%		
Saint Francis - Downtown 5	<18	128,421	136,845	47	0							
	18-64	340,319	371,394	24,981	75							
	+65	98,877	117,947	44,834	147							
	TOTAL	567,617	626,186	69,862	221	70%	317	276	41	69.35%		
Saint Francis - Eastside	<18	128,421	136,845	25	0							

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
	18-64	340,319	371,394	9,956	30							
	+65	98,877	117,947	6,943	23							
	TOTAL	567,617	626,186	16,924	53	65%	81	93	-12	49.86%		
Greenville County Total							1,456	1,312	144		1073	-239
Self Regional Healthcare	<18	15,238	14,092	389	1							
	18-64	40,147	39,342	23,092	62							
	+65	14,000	15,285	31,162	93							
	TOTAL	69,385	68,719	58,277	158	70%	226	326	-100	48.98%		
Greenwood County Total							226	326	-100		118	-208
Hampton Regional Medical Center	<18	3,603	3,269	-	0							
	18-64	10,693	9,938	876	2							
	+65	3,648	3,578	1,349	4							

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
	TOTAL	17,944	16,785	2,225	6	65%	10	32	-22	19.05%		
Hampton County Total							10	32	-22		29	-3
Conway Hospital 6	<18	67,349	72,893	206	1							
	18-64	230,043	265,508	16,867	53							
	+65	113,559	157,055	19,924	75							
	TOTAL	410,951	495,456	36,997	129	65%	200	210	-10	48.27%		
Grand Strand Medical Center 7	<18	67,349	72,893	4,197	12							
	18-64	230,043	265,508	43,822	139							
	+65	113,559	157,055	64,800	246							
	TOTAL	410,951	495,456	112,819	397	75%	529	409	120	75.57%		
McLeod Health Carolina Forest 8	<18	67,349	72,893	-	0							
	18-64	230,043	265,508	-	0							

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
	+65	113,559	157,055	-	0							
	TOTAL	410,951	495,456	-	0	65%	0	48	-48	0.00%		
McLeod Loris	<18	67,349	72,893	18	0							
	18-64	230,043	265,508	4,883	15							
	+65	113,559	157,055	7,428	28							
	TOTAL	410,951	495,456	12,329	44	65%	68	50	18	67.56%		
McLeod Seacoast	<18	67,349	72,893	-	0							
	18-64	230,043	265,508	11,665	37							
	+65	113,559	157,055	28,591	108							
	TOTAL	410,951	495,456	40,256	145	65%	224	155	69	71.16%		
South Strand Medical Center 9	<18	67,349	72,893	-	0							
	18-64	230,043	265,508	-	0							
	+65	113,559	157,055	-	0							
	TOTAL	410,951	495,456	-	0	65%	0	59	-59	0.00%		

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
Tidelands Health Carolina Bays 10	<18	67,349	72,893	-	0							
	18-64	230,043	265,508	-	0							
	+65	113,559	157,055	-	0							
	TOTAL	410,951	495,456	-	0	65%	0	36	-36	0.00%		
Horry County Total							1,021	967	54		849	-118
Coastal Carolina Hospital	<18	6,051	6,410	18	0							
	18-64	19,598	21,297	3,319	10							
	+65	9,194	15,946	3,811	18							
	TOTAL	34,843	43,654	7,148	28	65%	44	41	3	47.76%		
Jasper County Total							44	41	3		75	34
MUSC Health Kershaw Medical Center 11	<18	16,467	18,040	NR	0							

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
	18-64	41,037	45,449	NR	0							
	+65	13,606	15,247	NR	0							
	TOTAL	71,110	78,736	14,834	45	65%	70	99	-29	41.05%		
Kershaw County Total							70	99	-29		135	36
MUSC Health Lancaster Medical Center 12	<18	24,001	28,116	NR	0							
	18-64	63,537	77,241	NR	0							
	+65	24,147	28,851	NR	0							
	TOTAL	111,685	134,208	20,098	66	65%	102	101	1	54.52%		
MUSC Health Indian Land Medical Center 12	<18	24,001	28,116	-	0							
	18-64	63,537	77,241	-	0							
	+65	24,147	28,851	-	0							
	TOTAL	111,685	134,208	-	0	65%	0	98	-98	0.00%		

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
Lancaster County Total							102	199	-97		230	31
Prisma Health Laurens County Hospital	<18	14,986	14,852	-	0							
	18-64	40,821	41,952	6,152	17							
	+65	13,466	14,725	7,229	22							
	TOTAL	69,273	71,529	13,381	39	65%	60	76	-16	48.24%		
Laurens County Total							60	76	-16		123	47
Lexington Medical Center	<18	71,181	73,640	144	0							
	18-64	186,198	196,879	68,875	200							
	+65	56,110	65,952	91,374	294							
	TOTAL	313,490	336,472	160,393	494	75%	659	607	52	72.39%		
Lexington County Total							659	607	52		577	-30

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
MUSC Health Marion Medical Center	<18	6,116	5,354		0							
	18-64	15,793	14,663	2,413	6							
	+65	6,280	6,137	2,598	7							
	TOTAL	28,189	26,154	5,011	13	65%	21	124	-103	11.07%		
Marion County Total							21	124	-103		45	-79
Newberry County Memorial Hospital	<18	8,368	8,495	42	0							
	18-64	22,410	22,642	1,798	5							
	+65	8,273	9,148	2,890	9							
	TOTAL	39,050	40,285	4,730	14	65%	22	90	-68	14.40%		
Newberry County Total							22	90	-68		69	-21

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
Prisma Health Oconee Memorial Hospital	<18	15,154	14,430	344	1							
	18-64	45,560	46,879	11,601	33							
	+65	21,192	24,305	18,777	59							
	TOTAL	81,905	85,614	30,722	93	65%	143	169	-26	49.80%		
Oconee County Total							143	169	-26		147	-22
MUSC Health Orangeburg 13	<18	17,274	15,251	41	0							
	18-64	47,196	44,720	13,464	35							
	+65	17,772	18,432	17,249	49							
	TOTAL	82,242	78,403	30,754	80	70%	115	247	-132	34.11%		
Orangeburg County Total							115	247	-132		135	-112

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
Prisma Health Baptist Easley Hospital	<18	25,120	25,984	3	0							
	18-64	87,546	92,862	7,737	22							
	+65	24,505	28,643	12,419	40							
	TOTAL	137,171	147,489	20,159	62	65%	96	109	-13	50.67%		
AnMed Health Cannon 1	<18	25,120	25,984	NR	0							
	18-64	87,546	92,862	NR	0							
	+65	24,505	28,643	NR	0							
	TOTAL	137,171	147,489	1,920	6	65%	9	55	-46	9.56%		
Pickens County Total							105	164	-59		253	89
Prisma Health Baptist Parkridge	<18	90,970	90,702	21	0							
	18-64	273,306	279,564	11,843	33							
	+65	63,598	73,091	9,408	30							

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
	TOTAL	427,873	443,357	21,272	63	65%	97	76	21	76.68%		
Prisma Health Baptist	<18	90,970	90,702	121	0							
	18-64	273,306	279,564	22,534	63							
	+65	63,598	73,091	18,392	58							
	TOTAL	427,873	443,357	41,047	121	70%	174	287	-113	39.18%		
Prisma Health Richland	<18	90,970	90,702	16,999	46							
	18-64	273,306	279,564	76,070	213							
	+65	63,598	73,091	68,245	215							
	TOTAL	427,873	443,357	161,314	475	75%	633	579	54	76.33%		
MUSC Health Columbia Medical Center	<18	90,970	90,702	NR	0							
Downtown 14	18-64	273,306	279,564	NR	0							
	+65	63,598	73,091	NR	0							
	TOTAL	427,873	443,357	36,621	104	70%	149	258	-109	38.89%		

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
MUSC Health Columbia Medical Center -	<18	90,970	90,702	NR	0							
Northeast 15	18-64	273,306	279,564	NR	0							
	+65	63,598	73,091	NR	0							
	TOTAL	427,873	443,357	6,647	19	65%	30	74	-44	24.61%		
Richland County Total							1,083	1,274	-191		760	-514
Spartanburg Medical Center -	<18	85,256	97,498	-	0							
Mary Black Campus	18-64	220,553	257,287	10,142	32							
	+65	60,105	71,460	16,460	54							
	TOTAL	365,913	426,245	26,602	86	65%	133	174	-41	41.89%		
Spartanburg Medical Center	<18	85,256	97,498	1,764	6							
	18-64	220,553	257,287	76,046	243							
	+65	60,105	71,460	73,234	239							

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
	TOTAL	365,913	426,245	151,044	487	75%	650	484	166	85.50%		
Pelham Medical Center	<18	85,256	97,498	-	0							
	18-64	220,553	257,287	5,842	19							
	+65	60,105	71,460	7,940	26							
	TOTAL	365,913	426,245	13,782	45	65%	69	48	21	78.66%		
Spartanburg County Total							852	706	146		730	24
Prisma Health Tuomey Hospital	<18	24,290	22,740	278	1							
	18-64	60,228	57,327	15,550	41							
	+65	19,173	20,468	19,028	56							
	TOTAL	103,691	100,535	34,856	97	70%	139	283	-144	33.74%		
Sumter County Total							139	283	-144		173	-110
Union Medical Center	<18	5,444	4,926	-	0							

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
	18-64	15,036	14,181	554	1							
	+65	5,977	6,169	1,370	4							
	TOTAL	26,457	25,276	1,924	5	65%	9	85	-76	6.20%		
Union County Total							9	85	-76		44	-41
MUSC Black River Medical Center 16	<18	5,558	4,877		0							
	18-64	17,006	15,898	1,359	3							
	+65	7,040	6,969	2,487	7							
	TOTAL	29,605	27,744	3,846	10	65%	16	25	-9	42.15%		
Williamsburg County Total****							16	25	-9		48	23
Piedmont Medical Center 5	<18	70,365	71,913	2,616	7							
	18-64	183,718	200,490	32,492	97							
	+65	49,244	60,062	43,184	144							
	TOTAL	303,328	332,465	78,292	249	70%	356	262	94	81.87%		

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
Piedmont Medical Center Fort Mill 1 & 17	<18	70,365	71,913									
	18-64	183,718	200,490									
	+65	49,244	60,062									
	TOTAL	303,328	332,465	-	0	70%		100	-100	0		
York County Total							356	362	-6		570	208
Bamberg		12,813	11,883								21	21
Barnwell		20,347	19,733								34	34
Calhoun		14,160	13,925								24	24
Fairfield		20,161	18,474								32	32
Lee		15,749	14,436								25	25
Marlboro		25,483	23,981								42	42
McCormick		10,063	10,771								19	19
Saluda		19,086	18,811								33	33

Facility by County	Age Cat	2024 Pop	2030 Pop	2024 Pt Days	Proj ADC	Var. Rate Factor	Individual Hospital Bed Need	Licensed / Approved Beds	Add/ Excess Use	2024 % Occup. Rate	Statewide Bed Need	Add/ Excess State
Counties Without Hospitals												
Statewide Total		5,177,874	5,460,568	2,426,844	6,649			12,083			0.001712128	
					SW ADC		SW Need					
					6,649	0.75	8,865	0.0017121				
Beds Per Population Multiplier	0.001712128											

*South of the Broad Hospital requested to withdrawal CON Matter #2523 for acute care bed hospital. Removed from inventory.

**McLeod Medical Center – Darlington closed through transfer of beds per CON SC-24-03. Removed from inventory.

***Lake City Community Hospital closed on December 31, 2022. Removed from inventory.

****Williamsburg Regional Hospital closed on January 17, 2023. Removed from inventory.

1 Age cohorts not adequately reported.

2 CON SC-24-02 issued 1/11/2024 for the establishment of a new 50 bed hospital

3 CON SC-24-01 issued 1/5/2024 for the addition of 40 acute care beds for a total of 725 care beds.

4 CON SC-24-10 issued 4/30/2024 for the replacement hospital and decrease in acute care beds to 35 beds

5 CON SC-23-21 issued 4/24/2023 for the addition of 55 acute care beds. CON amended 8/29/2024 for the addition of 50 acute care beds for a today of 276 beds.

- 6** Conway Medical Center – Carolina Forest will not pursue project and returned CON SC-22-79. Transfer 50 beds back to Conway Hospital inventory. CMC – Carolina Forest removed from inventory.
- 7** CON SC-23-56 issued 9/26/2023 for the addition of 52 acute care beds for a total of 409 acute care beds
- 8** CON SC-23-54 issued 9/26/2023 for the construction of a new 48 acute care bed hospital.
- 9** CON SC-23-57 issued 9/26/2023 for the construction of a new 59 acute care bed hospital.
- 10** CON SC-23-55 issued 9/26/2023 for the construction of a new 36 acute care bed hospital.
- 11** Formerly known as Kershaw Health.
- 12** CON SC-23-52 issued 8/3/2023 for the construction of a new 98 acute care bed hospital by transfer of 98 acute care beds from MUSC Health Lancaster Medical Center.
- 13** Formerly known as Regional Medical Center of Orangeburg & Calhoun Counties.
- 14** Formerly known as Providence Health
- 15** Formerly known as Providence Health – Northeast
- 16** Formerly known as Black River Medical Center
- 17** Formerly known as Fort Mill Medical Center

**LONG-TERM ACUTE CARE HOSPITALS
(Chapter 5)**

	County	2022			2023			2024		
		Beds	Pt Days	Occupancy Rate	Beds	Pt Days	Occupancy Rate	Beds	Pt Days	Occupancy Rate
Vibra Hospital of Charleston 1	Charleston	59	13863	64.40%	59	11876	55.10%	59	11379	52.80%
Regency Hospital of Florence	Florence	44	14715	91.60%	44	11914	74.20%	44	12540	78.10%
Prisma Health North Greenville Long Term Acute Care Hospital	Greenville	45	12,050	73.4%	45	12,070	73.5%	45	11,013	67.1%
Regency Hospital Upstate 2	Greenville	32	8,185	70.1%	32	6,947	59.5%	31	6,424	56.8%
Tidelands Health Extended Care Hospital 3	Horry									
Continuecare Hospital at Prisma Health Baptist 4	Richland	35	NR	#VALUE!	35	NR	#VALUE!	35	NR	#VALUE!
Spartanburg Hospital for Restorative Care	Spartanburg	97	10,782	30.5%	97	10,809	30.5%	97	10,793	30.5%

0 in Pt Days is no Pt Days reported

NR in Pt Days is no JAR submitted

1. E-24-02 granted 12/13/2024 for the acquisition of Vibra Hospital of Charleston by Charleston-AMG Specialty Hospital, Inc.

2. CON SC-23-61 issued 11/15/2023 for the relocation of the long-term acute care hospital to AnMed Health in Anderson County and renovation of 28,063 sf with a total of 31 beds. Formerly Regency Hospital of Greenville.

3. CON SC-22-40 issued 7/7/2022 for the construction for the establishment of a 24 Long Term Acute Bed Hospital.

4. E-24-03 granted 12/17/2024 to Prisma Health for the acquisition of ContinueCare Hospital at Palmetto Health Baptist, located on the seventh floor of Prisma Health Baptist Hospital.

**PSYCHIATRIC PROGRAMS
(Chapter 5)**

Facility by County	County	Beds	<u>2024</u> Pt. Days	Occup Rate
Aiken Regional Medical Centers	Aiken	44	9,940	61.9%
AnMed Health Medical Center 1	Anderson	38	NR	#VALUE!
Beaufort Memorial Hospital	Beaufort	18	2,919	44.4%
MUSC Medical Center	Charleston	82	24,551	82.0%
Live Oak Mental Health and Wellness 2	Charleston	60	17,289	78.9%
Palmetto Lowcountry Behavioral Health	Charleston	76	18,511	66.7%
Colleton Medical Center	Colleton	19	4,933	71.1%
McLeod Medical Center - Darlington 3	Darlington	23	NR	#VALUE!
Carolina Center Behavioral Health	Greenville	117	28,611	67.0%
Prisma Health Greenville Memorial Hospital	Greenville	65	17,873	75.3%
Springbrook Behavioral Health	Greenville	56	11,983	58.6%
Self Regional Healthcare 4	Greenwood	32	NR	#VALUE!
South Strand Medical Center 5	Horry	22	NR	#VALUE!
Lighthouse Behavioral Health Hospital	Horry	76	20,328	73.3%
MUSC Health Kershaw Medical Center	Kershaw	20	1,848	25.3%
Rebound Behavioral Health 6	Lancaster	45	NR	#VALUE!
MUSC Health Lancaster Medical Center 7	Lancaster	12	NR	#VALUE!
Three Rivers Behavioral Health 8	Lexington	119	35,172	81.0%
MUSC Health Orangeburg 9	Orangeburg	15	2,795	51.1%
Prisma Health Baptist	Richland	55	7,170	35.7%
Prisma Health Richland	Richland	52	8,653	45.6%
Spartanburg Medical Center 10	Spartanburg	32	NR	0.0%
Spartanburg Medical Center - Mary Black Campus	Spartanburg	39	7,821	54.9%
Piedmont Medical Center	York	20	6,555	89.8%
Government Facilities				
Patrick B. Harris Psychiatric Hospital 11	Anderson	200	35,405	48.5%
G. Werber Bryan Psychiatric Hospital 11	Richland	530	44,739	23.1%
Gilliam Psychiatric Hospital 11	Richland	82	NR	
William J McCord Adolescent Treatment Facility 11	Orangeburg	15	0	0.0%
	Total	1964	217,012	30.3%

1 No patient days reported in 2024 Jars.

2 Formerly Trident Medical Center

3 No patient days reported in 2024 Jars.

4 No patient days reported in Jars.

5 SC-23-57 Transfer of 22 psychiatric beds from Grand Strand Regional Medical Center to South Strand Medical Center.

6 No patient days reported in 2024 Jars.

7 No patient days reported in 2024 Jars.

8 SC-24-11 issued 5/7/2024 for the addition of 7 psychiatric beds for a total of 119 psychiatric beds.

9 Formerly Regional Medical Center-Orangeburg & Calhoun

10 No patient days reported in 2024 Jars.

11 State facility not operating all its licensed beds. Their utilization does not impact calculation of need.

PSYCHIATRIC BED NEED

(Chapter 5)

Service Area	Age Cat	2024 Pop	2030 Pop	Existing Beds	2024 PT Days	Proj ADC	Occup Factor	Bed Need (Use)	Bed Need
Statewide Totals	<18	1,149,629	1,185,427						
	18-64	3,225,376	3,431,374						
	+65	1,070,286	1,265,017						
	TOTAL	5,445,291	5,881,818	1,137	245208	726	0.5	1451	314

**INPATIENT TREATMENT FACILITIES (SUBSTANCE ABUSE FACILITIES)*
(Chapter 5)**

Facility by County	County	Beds	2024	
			Pt. Days	Occup Rate
Aiken Regional Medical Centers	Aiken	18	1,185	18.0%
MUSC Medical Center	Charleston	23	3,659	43.6%
Palmetto Lowcountry Behavioral Health	Charleston	16	1,116	19.1%
MUSC Health Florence Medical Center-The Leatherman Behavioral Health Pavilion 1	Florence	15	NR	NR
Carolina Center for Behavioral Health	Greenville	39	7,121	50.0%
Springbrook Behavioral Health System	Greenville	6	173	7.9%
Lighthouse Behavioral Health Hospital	Horry	29	4,950	46.8%
Rebound Behavioral Health 2	Lancaster	18	NR	#VALUE!
Three Rivers Behavioral Health	Lexington	17	704	11.3%
Prisma Health Baptist 3	Richland	10	0	0.0%
Prisma Health Richland 4	Richland	10	0	0.0%
TOTAL		201	18,908	25.8%

* Morris Village is a State facility licensed for one hundred and fifty (150) substance abuse treatment beds that are not counted in the CON methodology.

1 SC-24-03 issued 2/20/2024 for the construction for the establishment of a new 63-bed psychiatric and substance abuse inpatient specialty hospital of 116,000 sf by transfer of 23 psychiatric beds, the addition of 25 psychiatric beds and the addition of 15 substance abuse inpatient treatment beds. The facility is licensed for 15 substance abuse treatment beds but did not complete a 2024 JAR.

2 Facility is licensed for 18 substance abuse treatment beds but did not include 2024 patient days in the 2024 JAR.

3 Formerly Palmetto Health Baptist. Facility is licensed for 10 substance abuse treatment beds but reported 0 (zero) patient days in 2024 JAR.

4 Formerly Palmetto Health Richland. Facility is licensed for 10 substance abuse treatment beds but reported 0 (zero) patient days in 2024 JAR.

INPATIENT TREATMENT BED NEED (SUBSTANCE ABUSE)

(Chapter 5)

SERVICE AREA	AGE CAT	2024 POP	2030 POP	EXISTING BEDS	2024 PT. DAYS	2024 USAGE RATE	CON RATE	BED NEED (USE)	+ / -	BED NEED (SW)	+ / -	BED NEED
Anderson, Oconee	0-17	63,372	64,558	0	0	0.00000	0.75	0		1		
	18-64	172,557	183,620		0	0.00000	0.75	0	0	3	5	5
	65+	61,878	70,540		0	0.00000	0.75	0		1		
Cherokee, Spartanburg, Union	0-17	103,952	114,935	0	0	0.00000	0.75	0		2		
	18-64	269,301	305,015		0	0.00000	0.75	0	0	5	9	9
	65+	76,242	88,377			0.00000	0.75	0		2		
Greenville, Pickens	0-17	153,541	162,829	45	3	0.00002	0.75	1		3		
	18-64	427,865	464,256		6,708	0.01568	0.75	27	-14	7	-32	-14
	65+	123,381	146,591		583	0.00473	0.75	3		3		
Abbeville, Edgefield,	0-17	44,756	43,547	0	0	0.00000	0.75	0		1		
Greenwood, Laurens,	18-64	128,210	128,837		0	0.00000	0.75	0	0	2	4	4
McCormick, Saluda	65+	47,301	52,421		0	0.00000	0.75	0		1		

Chester, Lancaster, York 1	0-17	101,066	106,610	18	NR	0.00000	0.75	0		2		
	18-64	266,047	296,211		NR	0.00000	0.75	0	-18	5	-9	-9
	65+	79,850	95,837		NR	0.00000	0.75	0		2		
Fairfield, Kershaw,	0-17	190,536	193,998	37	6	0.00003	0.75	1		3		
Lexington, Newberry,	18-64	534,368	554,488		572	0.00107	0.75	3	-32	8	-23	-23
Richland	65+	146,781	168,838		126	0.00086	0.75	1		3		
Chesterfield, Dillon,	0-17	21,793	20,914	0	0	0.00000	0.75	0		1		
Marlboro	18-64	56,219	52,936		0	0.00000	0.75	0	0	1	3	3
	65+	18,849	19,282		0	0.00000	0.75	0		1		
Clarendon, Lee, Sumter	0-17	32,651	30,200	0	0	0.00000	0.75	0		1		
	18-64	86,958	81,919		0	0.00000	0.75	0	0	2	4	4
	65+	30,625	32,169		0	0.00000	0.75	0		1		
Darlington, Florence,	0-17	52,048	50,006	15	0	0.00000	0.75	0		1		
Marion	18-64	131,127	126,845		1,604	0.01223	0.75	6	-8	2	-11	-8
	65+	41,692	42,096		163	0.00391	0.75	1		1		
Georgetown, Horry,	0-17	83,627	87,867	29	0	0.00000	0.75	0		2		
Williamsburg	18-64	281,221	315,625		4,282	0.01523	0.75	18	-7	5	-19	-7

	65+	142,059	189,112		668	0.00470	0.75	4		3		
Aiken, Barnwell	0-17	43,298	45,139	18	16	0.00037	0.75	1		1		
	18-64	113,400	116,224		970	0.00855	0.75	4	- 12	2	- 14	-12
	65+	42,781	48,626		199	0.00465	0.75	1		1		
Allendale, Beaufort,	0-17	44,648	43,227	0	0	0.00000	0.75	0		1		
Hampton, Jasper	18-64	142,731	148,282		0	0.00000	0.75	0	0	3	6	6
	65+	74,455	93,615		0	0.00000	0.75	0		2		
Bamberg, Calhoun,	0-17	22,258	19,944	0	0	0.00000	0.75	0		1		
Orangeburg	18-64	62,405	58,862		0	0.00000	0.75	0	0	1	3	3
	65+	24,552	25,403		0	0.00000	0.75	0		1		
Berkeley, Charleston,	0-17	192,143	201,654	39	0	0.00000	0.75	0		3		
Colleton, Dorchester	18-64	552,998	598,251		4,451	0.00805	0.75	18	- 19	9	- 24	-19
	65+	157,383	189,342		324	0.00206	0.75	2		3		
Statewide Totals		5,442,925		201	20,675			91		103		-58
				State								
	0-64	4,375,096	4,616,799	Usage								
	65+	1,067,829	1,262,249	Rate								

	Total	5,442,925	5,879,048	0.000010								
--	--------------	------------------	------------------	-----------------	--	--	--	--	--	--	--	--

1 No JAR Report

**REHABILITATION PROGRAMS
(Chapter 5)**

		2024		
	County	Beds	Pt. Days	Occup Rate
Aiken Regional Medical Centers	Aiken	14	2,814	55.10%
PAM Health Rehabilitation Hospital of Aiken 1	Aiken	36	NR	NR
AnMed Health Rehabilitation Hospital 2	Anderson	76	17,029	61.4%
Beaufort Memorial Hospital 3	Beaufort	18	3,698	56.3%
Encompass Health Rehabilitation Hospital of Bluffton 4	Beaufort	50	12,701	69.6%
Lowcountry Rehabilitation Hospital 5	Berkeley	33	NR	NR
East Cooper Medical Center 6	Charleston	10	2,649	72.6%
Encompass Health Rehabilitation Hospital of Charleston 7	Charleston	69	15,132	60.1%
Roper Hospital	Charleston	66	13,156	54.6%
Trident Medical Center 8	Charleston	24	4,879	55.7%
MUSC Health Florence Rehabilitation Center 9	Florence	40	6,349	43.5%
Encompass Health Rehabilitation Hospital of Florence	Florence	58	16,057	75.8%
Tidelands Health Rehabilitation Hospital an Affiliate of Encompass Health	Georgetown	29	10,029	94.7%
Encompass Health Rehabilitation Hospital of Greenville 10	Greenville	80	13,844	47.4%
Prisma Health Greenville Memorial Hospital 11	Greenville	53	13,426	69.4%
St. Francis - Downtown	Greenville	19	3,663	52.8%
Greenwood Regional Rehabilitation Hospital	Greenwood	42	10,370	67.6%
Grand Strand Medical Center	Horry	24	8,359	95.4%
Conway Medical Center 12	Horry	12	NR	NR

Tidelands Health Rehabilitation Hospital at Little River an Affiliate of Encompass Health	Horry	46	14,152	84.3%
Tidelands Health Rehabilitation Hospital at Carolina Bays an Affiliate of Encompass Health 13	Horry	36	NR	NR
Midlands Regional Rehabilitation Hospital	Kershaw	40	10,264	70.3%
Lexington Regional Rehabilitation Hospital	Lexington	36	9,764	74.3%
MUSC Health Orangeburg 14	Orangeburg	24	3,883	44.3%
Encompass Health Rehabilitation Hospital of Columbia 15	Richland	79	24,083	83.5%
Encompass Health Rehabilitation Hospital of Irmo 15	Richland	27	NR	NR
Spartanburg Medical Center - Mary Black Campus	Spartanburg	18	5,137	78.2%
Spartanburg Rehabilitation Institute 16	Spartanburg	60	13,045	59.6%
Encompass Health Rehabilitation Hospital of Rock Hill	York	50	16,435	90.1%
Encompass Health Rehabilitation Hospital of Fort Mill 17	York	39	NR	NR
	TOTAL	1208	250,918	56.9%

1. CON 23-60 issued 10/31/2023 for the construction for the establishment of a 36-bed acute inpatient rehabilitation hospital in Aiken County.
2. CON SC-24-14 issued 11/14/2024 for the construction for the addition of 16 rehabilitation beds for a total of 76 rehabilitation beds and the addition of 11,405 sf.
3. CON SC-19-105 issued 9/16/2019 for the addition of 4 rehabilitation beds for a total of 18 rehabilitation beds. No licensure to date for additional 4 beds.
4. CON SC-24-19 issued 8/20/2024 for the construction for the addition of 12 rehabilitation beds for a total of 50 rehabilitation beds and the addition of 10,050 sf.
5. CON SC 19-82 issued for the construction for the establishment of a 33 bed freestanding rehabilitation hospital in Berkeley County. Not licensed at this time.
6. Facility licensed October 21, 2020.

7. CON SC-24-17 issued 8/20/2024 for the construction of 20 rehabilitation beds for a total of 69 rehabilitation beds and the addition of 21,950 sf.
8. CON 23-53 issued 9/11/2023 for the addition of 9 rehabilitation beds for a total of 23 rehabilitation beds, and CON SC-24-16 issued 8/20/2024 for the addition of 1 rehabilitation bed for a total of 24 rehabilitation beds. Beds licensed 5/21/2025.
9. CON SC-23-10 issued 2/7/2023 for the relocation of 40 inpatient rehabilitation beds from Cedar Street Campus to MUSC Health Florence Medical Center and decrease 46 acute care beds at MUSC Health Florence Medical Center for a total of 246 acute care beds and a total of 40 rehabilitation beds. No licensure to date for the beds.
10. CON SC-24-18 issued 8/20/2024 for the construction for the addition of 40 rehabilitation beds for a total of 80 rehabilitation beds and the addition of 25,605 sf.
11. Formerly known as Roger C. Peace.
12. Facility licensed September 15, 2021.
13. CON SC-23-34 issued 7/13/2023 for the construction for the establishment of a 36 bed Inpatient Rehabilitation Hospital in Horry.
14. Formerly known as Regional Medical Center of Orangeburg & Calhoun Counties.
15. CON SC-21-03 issued 1/26/2021 for the establishment of a 27 bed freestanding inpatient rehabilitation hospital in Richland County including the transfer of 17 beds from Encompass Health Columbia and the addition of 10 new beds. No change in licensure for Columbia and no licensure for Irmo.
16. CON SC-20-22 issued 6/24/2020 for the addition of 15,100 sf and the addition of 20 rehabilitation beds; continue to be licensed only for 40 rehabilitation beds.
17. Facility licensed September 2024.

REHABILITATION BED NEED

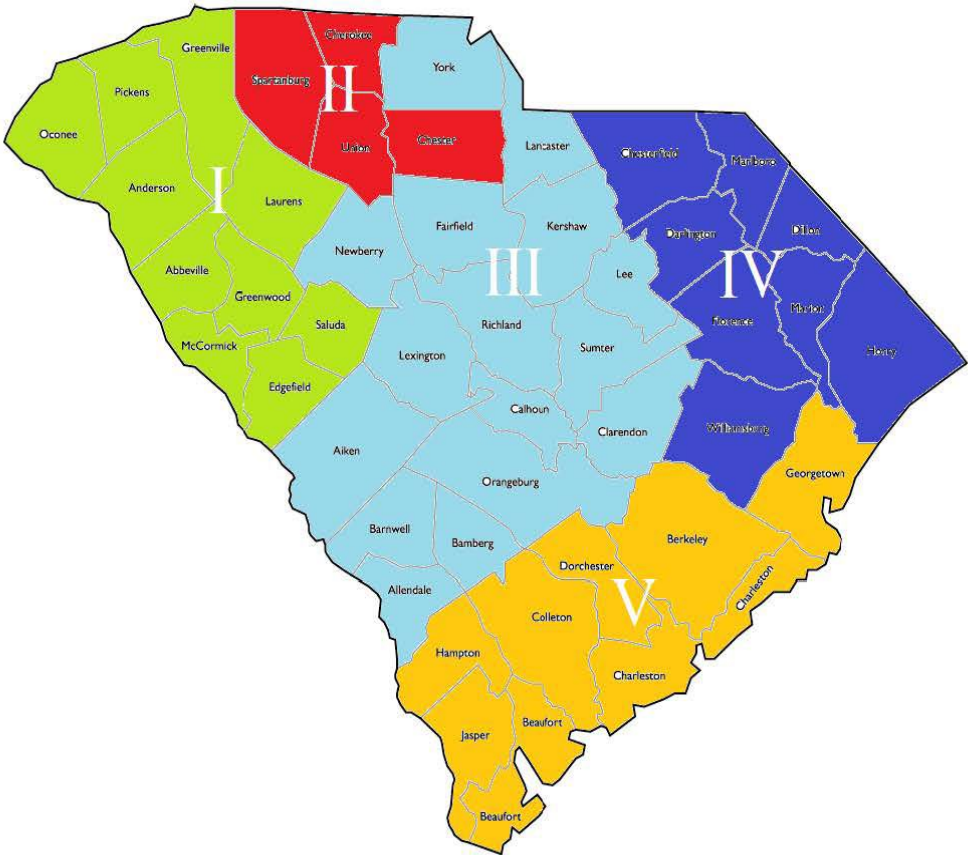
(Chapter 5)

Service Area	>65 2024 Pop	>65 2030 Pop	2024 Pop	2030 Pop	Existing Beds	2024 PT Days	Proj ADC	Occup Factor	Bed Need (Use)	+ / -	Bed Need (SW)	+ / -	Need
Anderson, Oconee	61,878	70,540	297,807	318,717	76	17,029	50	0.70	71	-5	80	4	4
Greenville, Pickens	123,382	146,591	704,338	773,676	152	30,933	93	0.70	133	-19	165	13	13
Cherokee, Spartanburg, Union	76,242	88,378	449,134	508,328	78	18,182	56	0.70	80	2	100	22	22
Chester, Lancaster, York	79,850	95,837	447,234	498,657	89	16,435	50	0.70	71	-18	108	19	19
Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda	47,301	52,421	220,266	224,803	42	10,370	29	0.70	41	-1	59	17	17
Fairfield, Lexington, Newberry, Richland	133,175	153,591	800,574	838,588	142	33,847	97	0.70	139	-3	173	31	31
Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro, Williamsburg	69,767	71,111	353,789	342,595	98	22,406	59	0.70	84	-14	80	- 18	-14
Clarendon, Kershaw, Lee, Sumter	44,231	47,416	221,342	223,026	40	10,264	28	0.70	40	0	37	-3	0
Georgetown, Horry	135,019	182,143	477,303	564,857	147	32,540	106	0.70	151	4	206	59	59
Aiken, Allendale, Bamberg, Barnwell, Calhoun, Orangeburg	69,002	75,513	315,860	320,171	74	6,697	19	0.70	27	-47	85	11	11
Beaufort, Hampton, Jasper	72,786	92,133	254,668	279,154	68	16,399	49	0.70	70	2	104	36	36

Berkeley, Charleston, Colleton, Dorchester	157,383	189,342	902,524	989,248	202	35,816	108	0.70	154	-48	214	12	12
Statewide Totals	1,070,016	1,265,016	5,444,839	5,881,820	1,208	250,918	743	1.12896	1061		1412		210

CRITICAL ACCESS HOSPITALS*
(Chapter 5)
Abbeville Area Medical Center
Allendale County Hospital
Edgefield County Healthcare
* Other facilities may potentially be eligible for CAH status.

PERINATAL REGIONS MAP



PERINATAL-CAPABLE FACILITIES	
(Chapter 5)	
<u>Facility by Service Level</u>	<u>Perinatal Region</u>
Regional Perinatal Centers (RPCs)	
Prisma Health Greenville Memorial Hospital	I
Spartanburg Medical Center	II
Prisma Health Richland Memorial	III
McLeod Regional Medical Center of the Pee Dee	IV
MUSC Medical Center (Level IV)	V
Subspecialty Perinatal Center (Level III Hospital)	
Self Regional Healthcare	I
Prisma Health Baptist	III
Piedmont Medical Center	III
Summerville Medical Center **	V
Specialty Perinatal Centers (Level II Hospitals) *	
AnMed Medical Center 1	I
Prisma Health Greer Memorial Hospital	I
Prisma Health Oconee Memorial Hospital **	I
Prisma Health Patewood Hospital	I
St. Francis - Eastside	I
Aiken Regional Medical Centers	III
Lexington Medical Center	III
MUSC Health Orangeburg 2	III
MUSC Health Lancaster Medical Center	III
Prisma Health Baptist - Parkridge	III
Prisma Health Tuomey	III
Carolina Pines Regional Medical Center	IV
Conway Hospital	IV
Grand Strand Medical Center	IV
MUSC Health Florence Women's Pavillion	IV
Beaufort Memorial Hospital	V
Coastal Carolina Hospital	V
Bon Secours - St. Francis Xavier Hospital	V
East Cooper Medical Center	V
Tidelands Georgetown Memorial Hospital *	V
Tidelands Waccamaw Community Hospital	V

<i>* Removed from List</i>	
Tidelands Georgetown Memorial Hospital	V
<i>** New Designation</i>	
1 Formerly AnMed Health Women's and Children's Hospital	
2 Formerly Regional Medical Center of Orangeburg & Calhoun Counties	

UTILIZATION OF NEONATAL SPECIAL CARE UNITS

(Chapter 5)

<u>Facility by Perinatal Region</u>	<u>Service Level</u>	<u>Intensive Bassinets</u>	<u>Intensive Pt Days</u>	<u>Intermediate Bassinets</u>	<u>2024 Intermediate Pt Days</u>	<u>Total Bassinets</u>	<u>Total Pt Days</u>	<u>Total Occupancy</u>
Region I - Greenville Memorial								
Prisma Greenville Memorial Hospital	RPC	28	8,273	52	19,302	80	27,575	94.4%
Self Regional Healthcare	Level III	7	929	11	1,014	18	1,943	29.6%
AnMed Medical Center	Level II	0	0	13	976	13	976	20.6%
St. Francis - Eastside	Level II	0	0	14	1,671	14	1,671	32.7%
Prisma Health Greer Memorial Hospital	Level II	0	0	1	57	1	57	15.6%
Prisma Health Patewood Hospital	Level II	0	0	4	426	4	426	29.2%
SUBTOTAL		35	9,202	95	23,446	130	32,648	68.8%
Region II - Spartanburg Regional								

Spartanburg Medical Center	RPC	13	4,864	22	3,734	35	8,598	67.3%
SUBTOTAL		13	4,864	22	3,734	35	8,598	67.3%
Region III - Palmetto Health Richland								
Prisma Health Richland	RPC	31	13,753	38	5,957	69	19,710	78.3%
Prisma Health Baptist	Level III	8	1,848	23	3,088	31	4,936	43.6%
Piedmont Medical Center	Level III	12	2,595	0	0	12	2,595	59.2%
Aiken Regional Medical Centers	Level II	0	0	8	142	8	142	4.9%
Lexington Medical Center	Level II	0	0	20	2,171	20	2,171	29.7%
MUSC Health Orangeburg	Level II	0	0	10	230	10	230	6.3%
MUSC Health Lancaster Medical Center	Level II	0	0	4	213	4	213	14.6%
Prisma Health Tuomey	Level II	0	0	22	623	22	623	7.8%
Prisma Health Baptist Parkridge	Level II	0	0	2	255	2	255	34.9%

SUBTOTAL		51	18,196	127	12,679	178	30,875	47.5%
Region IV - McLeod Regional								
McLeod Regional Medical Center of the Pee Dee	RPC	25	831	23	12,267	48	13,098	74.8%
Carolina Pines Regional Medical Center	Level II	0	0	4	228	4	228	15.6%
Conway Hospital	Level II	0	0	6	775	6	775	35.4%
Grand Strand Medical Center	Level II	0	0	0	0	0	0	#DIV/0!
MUSC Health Florence Women's Pavillion	Level II	0	0	11	0	11	0	0.0%
SUBTOTAL		25	831	44	13,270	69	14,101	56.0%
Region V - MUSC Medical								
MUSC Medical Center	RPC/Level IV	52	13,968	39	13,488	91	27,456	82.7%
Summerville Medical Center	Level III	6	3,965	10	0	16	3,965	67.9%

Beaufort Memorial Hospital	Level II	0	0	3	40	3	40	3.7%
Bon Secours-St. Francis Xavier Hospital	Level II	0	0	11	2,580	11	2,580	64.3%
East Cooper Medical Center	Level II	0	0	10	1,248	10	1,248	34.2%
Tidelands Georgetown Memorial Hospital	Level II	0	0	0	0	0	0	#DIV/0!
Tidelands Waccamaw Community Hospital	Level II	0	0	2	457	2	457	62.6%
SUBTOTAL		58	17,933	75	17,813	133	35,746	73.6%
GRAND TOTAL		182	51,026	363	70,942	545	121,968	61.3%

NICU BED NEED

(Chapter 5)

Counties by Perinatal Region	2022 Births	2023 Births	2024 Births	3 YR Average Births	2022 15-44 Female Population	2023 15-44 Female Population	2024 15-44 Female Population	3 YR 15-44 Female Population	Average Birth Rate	2029 15-44 Female Population	2029 Projected Births	Proj Birth Rate / Average Birth Rate	Existing NICU Beds	Bed Need
Region I														
Abbeville	224	241	235	233	4336	4388	4397	4,374		4409				
Anderson	2,411	2,359	2,329	2,366	39981	40947	41902	40,943		44908				
Edgefield	196	216	223	212	4235	4417	4576	4,409		4739				
Greenville	6,534	6,579	6,651	6,588	110547	113522	115976	113,348		125333				
Greenwood	725	744	749	739	13811	13936	14073	13,940		13767				
Laurens	751	750	776	759	12459	12788	13225	12,824		13322				
McCormick	56	57	48	54	898	902	910	903		896				
Oconee	724	671	729	708	12848	13084	13275	13,069		13661				
Pickens	1,275	1,203	1,331	1,270	28633	29191	29408	29,077		31304				
Saluda	258	206	247	237	3005	3065	3099	3,056		2905				
Total	13,154	13,026	13,318	13,166	230,753	236,240	240,841	235,945	0.05580	255,244	14,243	1.081796	35	11
Region II														
Cherokee	619	623	640	627	10539	10827	11016	10,794		10926				
Chester	314	343	338	332	5801	5906	6010	5,906		5994				
Spartanburg	4,210	4,407	4,504	4,374	69349	72493	75501	72,448		86761				
Union	242	236	249	242	4651	4664	4694	4,670		4537				
Total	5,385	5,609	5,731	5,575	90,340	93,890	97,221	93,817	0.05942	108,218	6,431	1.153501	13	8
Region III														
Aiken	1,972	1,897	1,935	1,935	32030	32643	32753	32,475		34179				
Allendale	71	70	70	70	1116	1122	1111	1,116		892				
Bamberg	123	128	89	113	2304	2314	2337	2,318		2154				

Barnwell	231	246	238	238	3616	3614	3618	3,616		3590				
Calhoun	128	121	132	127	2327	2306	2344	2,326		2266				
Clarendon	289	278	287	285	4949	4953	4908	4,937		4576				
Fairfield	173	170	177	173	3322	3313	3302	3,312		2951				
Kershaw	794	757	818	790	12432	13021	13451	12,968		14917				
Lancaster	1,106	1,231	1,155	1,164	18302	19114	19724	19,047		22741				
Lee	178	166	167	170	2669	2646	2637	2,651		2441				
Lexington	3,329	3,129	3,277	3,245	59007	59992	60794	59,931		64074				
Newberry	422	419	397	413	6681	6854	6938	6,824		7161				
Orangeburg	845	792	820	819	16014	16131	16171	16,105		15767				
Richland	4,452	4,526	4,435	4,471	98235	99017	100334	99,195		102427				
Sumter	1,325	1,294	1,256	1,292	20322	20475	20682	20,493		19780				
York	2,927	2,996	2,986	2,970	58873	59707	60779	59,786		63494				
Total	18,365	18,220	18,239	18,275	342,199	347,222	351,883	347,101	0.05265	363,410	19,133	1.046985	51	11
Region IV														
Chesterfield	496	486	448	477	7679	7873	8043	7,865		7830				
Darlington	736	711	727	725	11754	11769	11840	11,788		11531				
Dillon	357	342	343	347	5336	5360	5381	5,359		4986				
Florence	1,589	1,559	1,524	1,557	27230	27447	27627	27,435		27609				
Horry	3,326	3,363	3,495	3,395	62414	64284	66452	64,383		72810				
Marion	290	326	313	310	5108	5088	5023	5,073		4525				
Marlboro	246	257	266	256	4068	4016	3960	4,015		3660				
Williamsburg	289	254	258	267	4979	4951	4894	4,941		4566				
Total	7,329	7,298	7,374	7,334	128,568	130,788	133,220	130,859	0.05604	137,517	7,707	1.050882	25	0
Region V														
Beaufort	1,836	1,889	1,886	1,870	30298	30555	30910	30,588		31229				
Berkeley	3,051	3,118	3,290	3,153	49393	52361	54302	52,019		62790				
Charleston	5,011	4,830	5,067	4,969	88051	89372	90700	89,374		90988				
Colleton	412	438	457	436	6725	6898	6978	6,867		6929				

Dorchester	2,071	1,983	2,079	2,044	33684	34554	35570	34,603		36759				
Georgetown	480	497	495	491	9341	9449	9481	9,424		9524				
Hampton	198	204	195	199	2988	2971	2978	2,979		2697				
Jasper	382	450	494	442	4994	5101	5269	5,121		5482				
Total	13,441	13,409	13,963	13,604	225,474	231,261	236,188	230,974	0.05890	246,398	14,513	1.066777	58	-11
Statewide	57,674	57,562	58,625	57,954	1,017,334	1,039,401	1,059,353	1,038,696		1,110,787	62,027		182	20

TERM	DEFINITION	SOURCE
Affiliated Persons	Two or more nursing homes or hospitals, whether owned, leased, or who have a formal legal relationship with a central organization and whose relationship has been established for reasons other than for transferring beds.	South Carolina Health Plan
Basic Perinatal Center with Well Newborn Nursery (Level I)	Level hospitals provide services for normal uncomplicated pregnancies. A full list of the requirements for a Level I Basic Perinatal Center with Well Newborn Nursery can be found at Regulation 60-16, Section 1306.A.	Regulation 60-16
Bed Capacity	Bed space designated exclusively for inpatient care, including space originally designed or remodeled for inpatient beds, even though temporarily not used for such purposes.	South Carolina Health Plan
Complex Neonatal Intensive Care Unit (Level IV)	In addition to complying with the requirements of Regulation 60-16, Section 1306.A through 1306.C, Level IV hospitals shall include additional capabilities and considerable experience in the care of the most complex and critically ill newborn infants and have pediatric medical and surgical specialty consultants available 24-hours a day. A full list of the requirements for a Complex Neonatal Intensive Care Unit can be found at Regulation 60-16, Section 1306.E. A Level IV hospital need not act as a Regional Perinatal Center (RPC).	Regulation 60-16
Continuing Care Retirement Community Home Health Agency	<p>A licensed continuing care retirement community that also incorporates a skilled nursing facility may provide home health services.</p> <p>a. The continuing care retirement furnishes or offers to furnish home health services only to residents who reside in living units provided by the continuing care retirement community pursuant to a continuing care contract;</p> <p>b. The continuing care retirement community maintains a current license and meets the applicable home health agency licensing standards; and</p> <p>c. Resident of the continuing care retirement community may choose to obtain home health services from other licensed home health agencies.</p>	South Carolina Health Plan
Critical Access Hospital (CAH)	Hospitals eligible for increased reimbursement without having to meet all criteria for full-service acute care hospitals. They are intended to provide essential health services to rural communities. In order to qualify as a CAH, a hospital must be located in a rural county and	South Carolina Health Plan

		be located more than 25 miles from any other hospital or CAH (15 miles for areas with only secondary roads). It must be part of a rural health network with at least one full-service hospital. They can have a maximum of 25 licensed beds and the annual average length of stay must be less than 4 days. Emergency services must be available 24 hours a day.	
Health Care Facility		Acute care hospitals, psychiatric hospitals, alcohol and substance abuse hospital, nursing homes, ambulatory surgical facilities, hospice facilities, radiation therapy facilities, rehabilitation facilities, residential treatment facilities for children and adolescents, intermediate care facilities for person with intellectual disability, narcotic (opioid) treatment programs, and any other facility for which Certificate of Need review is required by law.	S.C. Code Ann. Section 44-7-130(15)
Health Service		Clinically related, diagnostic, treatment, or rehabilitative services and includes alcohol, drug abuse, and mental health services.	S.C. Code Ann. Section 44-7-130(16)
Home Health Agency		A public, nonprofit or proprietary organization, whether owned or operated by one or more persons or legal entities which furnishes or offers to furnish home health services.	S.C. Code Ann. Section 44-69-20(4)
Home Health Service		<p>Home health services are those items and services furnished to an individual by a home health agency, or by others under arrangement with the home health agency, on a visiting basis and except for (d) below, in a place of temporary or permanent residence used as the individual's home as follows:</p> <p>Part-time or intermittent skilled nursing care as ordered by a physician, an Advanced Practice Registered Nurse (APRN), or a Physician Assistant (PA) and provided by or under the supervision of a registered nurse and at least one other service listed below: (a) physical, occupational, or speech therapy; (b) medical social services, home health aide services, and other therapeutic services; (c) the use of medical appliances, to include durable medical equipment; and (d) any of the above items and services provided on an outpatient basis under arrangements made by the home health agency with a hospital, nursing home or rehabilitation center and the furnishing of which involves the use of equipment of such a nature that the items/services cannot readily be made available to the individual in his/her home, or which are furnished at one of the above facilities while the patient is there to receive such items or services. Transportation of the individual in connection with any such items or services is not included.</p>	S.C. Code Ann. 44-69-20(5)

Hospital	<p>A facility that is organized and administered to provide overnight medical or surgical or nursing care for an illness, injury, or infirmity and must provide on-campus emergency services that may provide obstetrical care; and in which all diagnoses, treatment, or care is administered by or under the direction of persons currently licensed to practice medicine, surgery, or osteopathy.</p> <p>Hospital may include a residential treatment facility for children, adolescents, or young adults in need of mental health treatment that is physically a part of the licensed psychiatric hospital. This definition does not include facilities that are licensed by the Department of Social Services. A residential treatment facility for children, adolescents, or young adults in need of mental health treatment that is physically part of a licensed psychiatric hospital is not required to provide on-campus emergency services.</p>	S.C. Code Ann. Section 44-7-130(7)
Hospital Bed	A bed for an adult or child patient. Bassinets for the newborn in a maternity unit nursery, beds in labor rooms, recovery rooms, and other beds used exclusively for emergency purposes are not included in this definition.	South Carolina Health Plan
Inpatient Psychiatric Services	Those services provided to patients who are admitted to institutions for the evaluation, diagnosis, and treatment of mental, emotional, or behavioral disorders. Services may be provided in either psychiatric units of general hospitals or freestanding psychiatric hospitals.	South Carolina Health Plan
Inpatient Treatment Facility	Short-term treatment service for persons who are in need of an organized intensive program of alcohol and/or drug rehabilitation, but who are without serious debilitating medical complications. These facilities may provide detoxification for their patients, as needed, in the inpatient treatment beds. These facilities are licensed either as a specialized hospital or part of a hospital.	South Carolina Health Plan
Institutional Nursing Home	A nursing facility established within the jurisdiction of a larger non-medical institution that maintains and operates organized facilities and services to accommodate only residents of the institution. These facilities provide necessary services for retirement communities as established by church, fraternal, or other organizations. Such beds must serve only the residents of the housing complex and either by developed after the housing has been established or be developed as a part of a total housing construction program that has documented that the entire complex is one inseparable project.	South Carolina Health Plan

Long-Term Acute Care Hospital (LTACH)	Hospital with an average Medicare inpatient length of stay greater than 25 days, including all covered and non-covered days of stay of Medicare patients. They provide treatment to patients with complex medical conditions, such as strokes, cardiac care, ventilator dependency, wound care and post-surgical care.	South Carolina Health Plan
Nursing Homes	Facilities with an organized nursing staff to maintain and operate organized facilities and services to accommodate two or more unrelated persons over a period exceeding twenty-four hours which is operated either in connection with a hospital or as a freestanding facility for the express or implied purpose of providing intermediate or skilled nursing care for persons who are not in need of hospital care.	South Carolina Health Plan
Pediatric Home Health Agency	Due to the limited number of home health providers available to treat children 18 years or younger, an exception to the home health criteria may be made for a Certificate of Need for a Home Health Agency restricted to providing intermittent home health skilled nursing services to patients 18 years or younger. The license for the agency will be restricted to serving children 18 years or younger and will ensure access to necessary and appropriate intermittent home health skilled nursing services to these patients. Any such agencies are not counted in the county inventories for need projection purposes.	South Carolina Health Plan
Person	An individual, a trust or estate, a partnership, a corporation including an association, joint stock company, insurance company, and a health maintenance organization, a health care facility, a state, a political subdivision, or an instrumentality including a municipal corporation of a state, or any legal entity recognized by the State.	S.C. Code Ann. Section 44-7-130(21)
Regional Perinatal Center with Neonatal Intensive Care Unit (RPC)	In addition to complying with the requirements of Regulation 60-16, Sections 1306.A through 1306.C, RPCs provide consultative, outreach, and support services to other hospitals in the region. A full list of the requirements for a Regional Perinatal Center can be found at Regulation 60-16, Section 1306.D. No more than one Regional Perinatal Center will be approved in each perinatal region.	Regulation 60-16
Specialty Perinatal Center with Special Care Nursery (Level II)	In addition to complying with the requirements of Regulation 60-16, Section 1306.A, Level II hospital provide services for both normal and selected high-risk obstetrical and neonatal patients. A full list of the requirements for a Level II Specialty Perinatal Center can be found at Regulation 60-16, Section 1306.B.	Regulation 60-16
Subspecialty Perinatal Center with Neonatal	In addition to complying with the requirements of Regulation 60-16, Sections 1306.A and 1306.B, Level III hospitals provide all aspects of perinatal care,	Regulation 60-16

Intensive Care Unit (Level III)	including intensive care and a range of continuously available, sub-specialty consultation as recommended in the most recent edition of the <i>Guidelines for Perinatal Care</i> (GPC) by the American Academy of Pediatrics (AAP) and The American College of Obstetricians and Gynecologists. A full list of the requirements for a Level III Subspecialty Perinatal Center with Neonatal Intensive Care Unit can be found at Regulation 60-16, Section 1306.C.	
Swing-Bed	The Social Security Act (Section 1883(a)(1), {42 U.S.C. 1395tt}) permits certain small, rural hospitals to enter into a "Swing Bed" agreement under which the hospital can use its beds to provide either acute or skilled nursing facility (SNF) care, as needed. The hospital must be located in a rural area and have fewer than 100 beds.	South Carolina Health Plan



dph.sc.gov