CMS-PM-10120

Date:

ATTACHMENT 3.1-F Page 13 OMB No.:0938-933

State:	South Carolina
Citation	Condition or Requirement
	The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56(c).
	4. Describe any additional circumstances of "cause" for disenrollment (if any).
	The State does not use any additional circumstances of "cause" for disenrollment other than those detailed in 42 CFR 438.56(c).
	K. <u>Information requirements for beneficiaries</u>
	Place a check mark to affirm state compliance.
42 CFR 438.50	$\sqrt{}$ The state assures that its state plan program is in compliance with 42 CFR 438.10(i) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments. (Place a check mark to affirm state compliance.)
	L. List all services that are excluded for each model (MCO & PCCM)
1703(t)	PCCM excluded services: None MCO excluded services:  Institutional Long Term Care Facilities/Nursing (after the first ninety (90) continuous days post- admission)  Mental Health Services authorized or provided by State Agencies Non-Ambulance Transportation Glasses, contacts and fitting fees Dental Services Targeted Case Management Services Pregnancy Prevention Services – Targeted Populations MAPPS Family Planning Services Organ Transplantation School Based Services
1932 (a)(1)(A)(ii)	M. Selective contracting under a 1932 state plan option
	To respond to items #1 and #2, place a check mark. The third item requires a brie narrative.
	<ol> <li>The state will_/will not √ intentionally limit the number of entities i contracts under a 1932 state plan option.</li> </ol>

TN No. SC 12-021 Supersedes

TN No.: <u>SC 10-004</u>

Approval Date: <u>03-20-13</u> Effective Date: <u>10/01/12</u>