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State/Territory Name: South Carolina

State Plan Amendment (SPA) #:15-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

June 3, 2015

Mr. Christian L. Soura
Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

Re: South Carolina State Plan Amendment 15-002

Dear Mr. Soura:

We have reviewed the proposed South Carolina state plan amendment, SC 15-002, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 5, 2015. This state plan amends the nondiscrimination pages of the State Plan by updating outdated language, which outlines how and to whom nondiscrimination information and policies will be disseminated and how complaints and noncompliance will be handled.

Based on the information provided, the Medicaid State Plan Amendment SC 15-002 was approved on June 3, 2015. The effective date of this amendment is July 1, 2015. We are enclosing the approved HCFA-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Maria Drake at (404) 562-3697 or Maria.Drake@cms.hhs.gov.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-002	2. STATE South Carolina
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2015	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NEW STATE PLAN <input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 45 CFR Part 80, 45 CFR Part 84, 45 CFR Part 90, 45 CFR Part 91, 28 CFR Part 35 and 28 CFR Part 36		7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$0 b. FFY 2016 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 7.2-A Basic Index Page 87		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 7.2-A Basic Index page 87	
10. SUBJECT OF AMENDMENT: This SPA amends the nondiscrimination portion of the State Plan by updating outdated information, outlining how and to whom nondiscrimination information and policies will be disseminated, how complaints will be handled, and how noncompliance will be handled.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Mr. Soura was designated by the Governor to review and approve all State Plans </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//		16. RETURN TO: South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206	
13. TYPED NAME: Christian L. Soura			
14. TITLE: Director			
15. DATE SUBMITTED: May 5, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 05/05/15		18. DATE APPROVED: 06/03/15	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/15		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 7.2-A

State South Carolina

NONDISCRIMINATION

South Carolina Department of Health and Human Services' policies and procedures for compliance with the Civil Rights Act of 1964, Title V Section 504 of the Rehabilitation Act of 1973 (29 U.S.C 70b), Title II Section 202 of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975 and the regulations at Title 45 Code of Federal Regulations Parts 80, 84 and 91 are on file in the Regional Office.

SC 15-002
EFFECTIVE DATE: 07/01/15
RO APPROVAL: 06/03/15
SUPERSEDES: 1973

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
POST OFFICE BOX 8206
COLUMBIA, SOUTH CAROLINA 29202

METHODS OF ADMINISTRATION REGARDING COMPLIANCE WITH
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 FOR THE STATE OF SOUTH CAROLINA

I. Assignment of Responsibility

The ADA and Civil Rights Official with the South Carolina Department of Health and Human Services' (SCDHHS) Civil Rights Division is the person assigned the responsibility of determining compliance with

Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.), Title V Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), Title II Section 202 of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975 and the regulations at Title 45 Code of Federal Regulations Parts 80, 84, and 91. Additionally, appropriate SCDHHS staff will receive training on SCDHHS' Civil Rights policies. Forms have been devised to report any discriminatory practices or compliance problems noted.

II. Dissemination of Information

1. All beneficiaries/applicants requesting assistance or services from SCDHHS are provided with a brochure describing their rights and responsibilities under Title VI.
2. Training materials and policy information are available to educate SCDHHS staff about their responsibility regarding protected classes and to disseminate information to beneficiaries/applicants.
3. Information is available on SCDHHS' website, to both the general public and applicants/beneficiaries, about the provisions of Title VI of the Civil Rights

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Act of 1964 (42 U.S.C. 2000d et. seq.), Title V Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), Title II Section 202 of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975 and the regulations at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

4. There is a section on the SCDHHS application which advises the applicant/beneficiary of his or her rights under these regulations.
5. All SCDHHS providers sign an agreement assuring compliance with these regulations.

III. Maintaining and Assuring Compliance

The Civil Rights Division has developed a form for use in reviewing county offices, nursing homes, hospitals, and physicians' offices. The Civil Rights Division has developed a system whereby providers may be reviewed periodically.

All compliance information and reports will be reviewed as received. If additional information is needed, the ADA and Civil Rights Official will initiate appropriate requests. If the information received indicates non-compliance, corrective action will be initiated.

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IV. Handling Complaints

Complainants must file written complaints within 180 days after any alleged act of discrimination based on race, color, national origin, age or disability. Complaints may be filed with the SCDHHS Director, the SCDHHS Civil Rights Division or designee or the United States Department of Health and Human Services' Regional Office for Civil Rights in Atlanta, Georgia. Any registered complaint will require an investigation by a representative from the Civil Rights Division.

In accordance with SCDHHS policy, the initial complaint investigation will be conducted within fourteen days of its receipt. Whenever possible, complaints will be resolved within 30 days after the initial complaint investigation. If complainants provide complete contact information, they will receive a written response to their complaint and/or a report of the completed investigation.

If a complaint is alleged or a breach is found and a provider is non-compliant with resolving identified issues, such action is grounds for termination. Providers will be given the opportunity to cure breaches, except in certain circumstances of non-compliance. If they do not cure, SCDHHS will terminate their services.

Electronic records of all compliance reports, compliance data and complaints and subsequent investigations shall be maintained by the Civil Rights Division.

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SUPERSEDES: 1973

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB. No. 0938-

State/Territory: South Carolina

Citation 7.2 Nondiscrimination

45 CFR Parts
80 and 84

In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.), Title V Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), Title II Section 202 of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975 and the regulations at Title 45 Code of Federal Regulations Parts 80, 84, and 91, the South Carolina Department of Health and Human Services (SCDHHS) ensures that no individual shall be subject to discrimination under this plan on the grounds of race, color, national origin, age or disability.

With guidance from the ADA and Civil Rights Official, SCDHHS has implemented administrative methods to ensure that each program or activity for which it receives Federal financial assistance will be operated in accordance with the regulations delineated above. These methods are described in ATTACHMENT 7.2-A.

TN No. SC 15-002
Supersedes
TN No. MA 92-07

Approval Date 06-03-15

Effective Date 07/01/15

HFCA ID: 7982E