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**State/Territory Name: South Carolina**

**State Plan Amendment (SPA) #:16-0009**

This file contains the following documents in the order listed:

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

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**

March 13, 2017

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: Title XIX State Plan Amendment, SC 16-0009

Dear Mr. Soura:

Enclosed is an approved copy of South Carolina's state plan amendment (SPA) 16-0009, which was submitted to CMS on December 21, 2016. The amendment will allow the exclusion of particular covered outpatient drugs, or class of drugs, from the managed care organization (MCO) model in those cases where they are not included in the MCO capitated rate.

Based on the information provided, the Medicaid SPA SC 16-0009 was approved on March 13, 2017. The effective date of this amendment is October 1, 2016. We are enclosing the HCFA-179 and the approved plan page.

If you have any additional questions, please contact Maria Drake at (404) 562-3697 or [Maria.Drake@cms.hhs.gov](mailto:Maria.Drake@cms.hhs.gov).

Sincerely,

//s//

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

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 16-0009	2. STATE South Carolina
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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 October 1, 2016	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 438.3(s)(1) 1932(a)(5)(D) 1905(t)		7. FEDERAL BUDGET IMPACT: a. FFY 2017    \$ 0 b. FFY 2018    \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-F page 13		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 3.1-F page 13	
10. SUBJECT OF AMENDMENT: To allow for the exclusion of particular covered outpatient drugs, or class of drugs, from the MCO model in those cases where they are not included in the MCO capitated rate.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<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		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Mr. Soura was designated by the Governor to review and approve all State Plans	
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//		16. RETURN TO:	
13. TYPED NAME: Christian L. Soura		South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206	
14. TITLE: Director			
15. DATE SUBMITTED: December 15, 2016			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 12/21/16		18. DATE APPROVED: 03/13/17	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/16		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: 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. Information requirements for beneficiaries

Place a check mark to affirm state compliance.

1932(a)(5)  
42 CFR 438.50  
42 CFR 438.10

☒ 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.)

1932(a)(5)(D)  
1905(t)

L. List all services that are excluded for each model (MCO & PCCM)

PCCM excluded services: None

MCO excluded services:

Institutional Long Term Care Facilities/Nursing (after the first ninety (90) continuous days post- admission)  
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  
Non mental health services provided by a School District  
Services provided by the Department of Disabilities and Special Needs  
Services provided in Developmental Evaluation Centers  
Services provided in free standing psychiatric hospital services  
Psychiatric Residential Treatment Facility Services  
Prescribed drugs, or classes of drugs, that are excluded from the MCO capitation rate

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 brief narrative.

1. The state will \_\_\_/will not ☒ intentionally limit the number of entities it contracts under a 1932 state plan option.