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**State/Territory Name: South Carolina**

**State Plan Amendment (SPA) #: 19-0006**

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  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services**

**Disabled and Elderly Health Programs Group**

March 13, 2020

Mr. Joshua D. Baker  
Director  
South Carolina Medicaid  
P.O. Box 8206  
Columbia, South Carolina 29202

Dear Mr. Baker:

The CMS Division of Pharmacy team has reviewed South Carolina's State Plan Amendment (SPA) 19-0006 received in the CMS Division of Program Operations on December 19, 2019. This SPA proposes to allow the state to comply with the Medicaid Drug Utilization Review (DUR) provisions included in Section 1004 of the Substance Use-Disorder Prevention that promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P.L. 115-271).

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 19-0006 is approved with an effective date of October 1, 2019. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into South Carolina's state plan, will be forwarded by the CMS Division of Program Operations.

If you have any questions regarding this request, please contact Lisa Shochet at (410) 786-5445 or [Lisa.Shochet@cms.hhs.gov](mailto:Lisa.Shochet@cms.hhs.gov).

Sincerely,

/s/

Cynthia R. Denemark, R.Ph.  
Deputy Director  
Division of Pharmacy  
DEHPG/CMCS/CMS

cc: William Wynn, Pharm.D., R.Ph., South Carolina Medicaid  
Sheila Chavis, Senior Consultant, South Carolina Medicaid  
James G. Scott, Division Director, CMS Division of Program Operations  
Maria Drake, CMS Division of Program Operations

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 19-0006	2. STATE SC
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE October 1, 2019	

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION 1902(a)(85) and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$0 b. FFY 2021 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Basic Index, pages 74d, 74e (New Pages)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )

10. SUBJECT OF AMENDMENT: This plan amendment will incorporate the language mandated in 1902 (a)(85) and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)

11. GOVERNOR'S REVIEW (*Check One*)

- GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Mr. Baker was designated by the  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Governor to review and approve all  
State Plans.

12. SIGNATURE OF STATE AGENCY OFFICIAL /s/	16. RETURN TO South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, South Carolina 29202-8206
13. TYPED NAME Joshua D. Baker	
14. TITLE Director	
15. DATE SUBMITTED December 13, 2019	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED December 19, 2019	18. DATE APPROVED March 13, 2020
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME James Scott	22. TITLE Director Division Director of Program Operations

23. REMARKS

Revision: HCFA-PM- (MB)

State/Territory: South CarolinaCitation

1902(a)(85) and  
Section 1004  
of the Substance  
Use-Disorder  
Prevention that  
Promotes Opioid  
Recovery and Treatment  
for Patients  
and Communities Act  
(SUPPORT Act)

K. South Carolina Medicaid has fully implemented Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P.L. 115-271). The State is in compliance with the new drug review and utilization requirements set forth in section 1902(a)(85) of the Act, as follows:

## 1. Claims Review Requirements

## A. Safety Edits Including Early, Duplicate, and Quantity Limits

i. The state has implemented the following prospective opioid safety edits:

- (1) Quantity limits, including days' supply limits
- (2) Length of therapy limits
- (3) Refill frequency (percent to refill) limits
- (4) Duplicate fills
- (5) Maximum Morphine Milligram Equivalents (MME)/Day limits

ii. The state has implemented the following retrospective opioid safety reviews:

- (1) Quantity limits, including days' supply limits
- (2) Length of therapy limits
- (3) Refill frequency (percent to refill) limits
- (4) duplicate fills
- (5) maximum MME/day reviews

## B. Concurrent Utilization Alerts

i. Opioid and Benzodiazepines Current Fill Reviews

- (1) The state has implemented and monitors results of prior authorization requirements for concomitant opioids and benzodiazepines

Revision: HCFA-PM- (MB)

State/Territory: South Carolina

## ii. Opioid and Antipsychotic Concurrent Fill Reviews

(1) The state has implemented and monitors results of DUR edits

## 2. Program to Monitor Antipsychotic Medications by Children

A. The state has implemented and monitors results of the following:

i. age restrictions

ii. quantity limits

iii. Prior authorization requirements for duplicate antipsychotic therapy

iv. Department of Child Services Psychotropic Medications report

## 3. Fraud and Abuse Identification Requirements

A. The state has implemented and monitors results including but not necessarily limited to the following:

i. limits on number of opioid prescribers over a period of time

ii. prior authorization requirements for concomitant opioid and buprenorphine-based substance use disorder treatment

iii. Ad hoc PDMP reviews corresponding to prior authorization requests

iv. Pharmacy claims audits