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State/Territory Name: SOUTH CAROLINA

State Plan Amendment (SPA) #: SC-25-0007

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

November 6, 2025

Eunice Medina
Medicaid Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

RE: TN 25-0007

Dear Director Medina,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed South Carolina State Plan Amendment (SPA) to Attachment 4.19-B SC-25-0007, which was submitted to CMS on August 13, 2025. This plan amendment updates the reimbursement methodology for services delivered in Pediatric HIV Clinics (PHCs).

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Ysabel Gavino via email at Maria.Gavino@cms.hhs.gov.

Sincerely,


Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2 5 — 0 0 0 7	2. STATE S C
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT ☒ XIX ☐ XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2025	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.90; 1905 sections (a)(9)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2025 \$ 2,608 b. FFY 2026 \$ 10,410	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Limitation Supplement, page 5.4 (pre-print) Attachment 4.19-B, pages 3a.6, 3a.7	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A Limitation Supplement, page 5.4 (pre-print) Attachment 4.19-B, pages 3a.6, 3a.7	

9. SUBJECT OF AMENDMENT

This plan amendment will update the reimbursement methodology for services delivered in Pediatric HIV Clinics (PHCs).

10. GOVERNOR'S REVIEW (Check One)

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
 Ms. Medina was designated by the Governor to review and approve all State Plans.

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Eunice Medina

13. TITLE
Director

14. DATE SUBMITTED
August 13, 2025

15. RETURN TO

South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

FOR CMS USE ONLY

16. DATE RECEIVED
August 13, 2025

17. DATE APPROVED
November 6, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

10/28/25: SC authorized (via email) a pen and ink change to remove page 5.4 of Attachment 3.1-A Limitation Supplement (Pre-Print) from box 7 and box 8.

Settlement Procedures (Community Mental Health Providers):

Should the comparison referred to above identify an overpayment to the provider, the SCDHHS will recoup the federal share of the overpayment and return it to CMS. Should the comparison referred to above identify an underpayment to the provider, no further payment will be made by SCDHHS.

Pediatric HIV Clinics

Pediatric HIV Clinics (PHCs) will be reimbursed for their services at an all-inclusive rate based on the average of providers' cost reports as follows:

- T1015 paid as an all-inclusive rate at \$99.00
- T1025 paid as an all-inclusive rate at \$1,031.00

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rates for PHCs were set as of July 1, 2025 and is effective for services provided on or after that date. All rates are published on the agency's website at www.scdhhs.gov.

SC 25-0007
EFFECTIVEDATE: 07/01/25
APPROVAL DATE: November 6, 2025
SUPERSEDES: SC 16-0008

Infusion Centers

Infusion centers allow Medicaid beneficiaries to receive various types of infusion therapy in a facility setting other than a physician's office or outpatient hospital. Infusion centers must have the ability to perform the following services:

Chemotherapy,
Hydration,
IGIV,
Blood and blood products,
Antibiotics,
Intrathecal/lumbar puncture,
Inhalation,
Or therapeutic phlebotomy.

Effective calendar year 2003, Infusion Centers are a recognized provider type in the Medicaid Program. Services performed in Infusion Centers are reimbursed according to existing Medicaid fee schedules found under the various covered Medicaid services contained within Attachment 4.19-B as follows: physician services - section 5 and drugs (including J codes and blood/blood products) - section 12.

Opioid Treatment Program (OTP) Clinic Services

The Opioid Treatment Program (OTP) provides medically necessary treatment to eligible Medicaid beneficiaries with a diagnosis of opioid use disorder (OUD). These services are provided in a clinic that is approved to render methadone maintenance therapy by the Drug Enforcement Agency (DEA) and is accredited by the Substance Abuse and Mental Health Services Administration (SAMHSA). Provision of OTP clinic services must be consistent with 42 CFR 8.12.

Clinics providing OTP services will be reimbursed a weekly bundled rate for eligible Medicaid beneficiaries. In addition, the OTP clinic will be reimbursed an initial and annual MAT (Medication Assisted Treatment) Assessment rate which covers the required services for beneficiaries accepted into the program (i.e. comprehensive medical exam, initial psychosocial assessment, and treatment plan development).

The OTP bundled rate has been developed utilizing the required service descriptions referenced in 42 CFR 8.12 (f) and applicable Medicaid rates for the individual service components. The service components include: