

## **Table of Contents**

**State/Territory Name: South Carolina**

**State Plan Amendment (SPA) #: SC-25-0013**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



**Managed Care Group**

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February 4, 2026

Eunice Medina, Director  
South Carolina Department of Health and Human Services  
1801 Main Street  
Columbia, SC 29201

Re: South Carolina State Plan Amendment (SPA) 25-0013

Dear Director Medina:

The Centers for Medicare & Medicaid Services (CMS) completed review of South Carolina's 1932(a) State Plan Amendment (SPA) Transmittal Number SC-25-0013 submitted on December 30, 2025. The purpose of this SPA is to allow mandatory managed care assignment for populations that currently may not be assigned to managed care.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that South Carolina's Medicaid SPA Transmittal Number SC-25-0013 is approved effective January 1, 2026.

If you have any questions regarding this amendment, please contact Claudia Simonson at (312) 353-2115 or via email at [claudia.simonson@cms.hhs.gov](mailto:claudia.simonson@cms.hhs.gov).

Sincerely,

A large black rectangular redaction box covering the signature of Bill Brooks.

Bill Brooks  
Director  
Division of Managed Care Operations

cc: Scott Timmons  
Sheila Chavis  
Matthew Rodriguez

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

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION  
SSA Section 1932(a)(1)(A)(i); 42 CFR 438.1(a)(6)(i)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Attachment 3.1-F, pages 7, 7a (New page), 10

1. TRANSMITTAL NUMBER  
2 5 — 0 0 1 3      2. STATE  
S C

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT    ☒ XIX    ☐ XXI

4. PROPOSED EFFECTIVE DATE  
**January 1, 2026**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2026      \$ (100,800,000)  
b. FFY 2027      \$ (162,800,000)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Attachment 3.1-F, pages 7, 10

9. SUBJECT OF AMENDMENT

This SPA will allow mandatory managed care assignment for populations that currently may not be assigned to managed care.

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  
December 30, 2025

16. DATE RECEIVED  
December 30, 2025

18. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 2026

20. TYPED NAME OF APPROVING OFFICIAL  
Bill Brooks

22. REMARKS

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

**FOR CMS USE ONLY**

17. DATE APPROVED  
February 4, 2026

**PLAN APPROVED - ONE COPY ATTACHED**

19. SIGNATURE

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Managed Care Operations

State: South Carolina

Citation		Condition or Requirement				
2. Aged/Blind/Disabled Individuals						
Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
7. Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	§435.210 and §435.230	X				
8. Individuals eligible for Cash except for Institutionalized Status	§435.211			X		
9. Individuals Receiving Home and Community-Based Waiver Services Under Institutional Rules	§435.217	X				Mandatory for Medicaid Members enrolled in SC HIV/AIDS Waiver (0186.R07.00), SC Mechanical Ventilator Dependent Waiver (40181.R06.00), or SC Community Choices Waiver (0405.R04.00). All other Medicaid members will remain excluded.
10. Optional State Supplement Recipients - 1634 and SSI Criteria States – with 1616 Agreements	§435.232		X			
11. Optional State Supplemental Recipients- 209(b) States and SSI criteria States without 1616 Agreements	§435.234			X		
12. Institutionalized Individuals Eligible under a Special Income Level	§435.236	X				Mandatory for Medicaid Members enrolled in SC HIV/AIDS Waiver (0186.R07.00), SC Mechanical Ventilator Dependent Waiver (40181.R06.00), or SC Community Choices Waiver (0405.R04.00) All other Medicaid members will remain excluded.
13. Individuals Participating in a PACE Program under Institutional Rules	1934 of the SSA			X		
14. Individuals Receiving Hospice Care	1902(a)(10)(A)(ii) (VII) and 1905(o) of the SSA	X				Mandatory for Medicaid Members enrolled in SC HIV/AIDS Waiver (0186.R07.00), SC Mechanical Ventilator Dependent Waiver (40181.R06.00), or SC Community Choices Waiver (0405.R04.00). All other Medicaid members will remain excluded.

State: South Carolina

15. Poverty Level Aged or Disabled	1902(a)(10)(A)(ii)(X) and 1902(m)(1) of the SSA	X				
16. Work Incentive Group	1902(a)(10)(A)(ii)(XIII) of the SSA			X		
17. Ticket to Work Basic Group	1902(a)(10)(A)(ii)(XV) of the SSA			X		
18. Ticket to Work Medically Improved Group	1902(a)(10)(A)(ii)(XVI) of the SSA			X		
19. Family Opportunity Act Children with Disabilities	1902(a)(10)(A)(ii)(XIX) of the SSA		X			
20. Individuals Eligible for State Plan Home and Community-Based Services	§435.219			X		

State: South Carolina

Citation	Condition or Requirement		
Population	V	E	Notes
<b>Other Insurance</b> --Medicaid beneficiaries who have other health insurance		X	
<b>Reside in Nursing Facility or ICF/IID</b> --Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).		X	Exclusion applies to Medicaid beneficiaries who reside in ICF/IID only. SC Medicaid members residing in a Nursing Facility are not excluded.
<b>Enrolled in Another Managed Care Program</b> --Medicaid beneficiaries who are enrolled in another Medicaid managed care program		X	
<b>Eligibility Less Than 3 Months</b> --Medicaid beneficiaries who would have less than three months of Medicaid eligibility remaining upon enrollment into the program		X	
<b>Participate in HCBS Waiver</b> --Medicaid beneficiaries who participate in a Home and Community Based Waiver (HCBS, also referred to as a 1915(c) waiver).		X	Exclusion applies to Medicaid beneficiaries enrolled in SC Community Supports (CS) Waiver (0676.R03.00), SC Head and Spinal Cord Injury (HASCI) Waiver (0284.R06.00), SC Intellectual Disability and Related Disabilities (ID/RD) Waiver (0237.R06.00), and SC Medically Complex Children Waiver (0675.R03.00)
<b>Retroactive Eligibility</b> --Medicaid beneficiaries for the period of retroactive eligibility.		X	
<b>Other (Please define):</b>			

1932(a)(4)

42 CFR 438.54

F. Enrollment Process.

Based on whether mandatory and/or voluntary enrollment are applicable to your program (see E. Populations and Geographic Area and definitions in 42 CFR 438.54(b)), please complete the below:

1. For **voluntary** enrollment: (see 42 CFR 438.54(c))
  - a. Please describe how the state fulfills its obligations to provide information as specified in 42 CFR 438.10(c)(4), 42 CFR 438.10(e) and 42 CFR 438.54(c)(3).

State with voluntary enrollment must have an enrollment choice period or passive enrollment. Please indicate which will apply to the managed care program:

- b. ☐ If applicable, please check here to indicate that the state provides an **enrollment choice period**, as described in 42 CFR 438.54(c)(1)(i) and 42 CFR 438.54(c)(2)(i), during which individuals who are subject to voluntary enrollment may make an active choice to enroll in the managed care program, or will otherwise continue to receive covered services through the fee-for-service delivery system.
  - i. Please indicate the length of the enrollment choice period:

TN No. SC 25-0013

Supersedes

Approval Date 2/4/26Effective Date 01/01/26TN No. SC 24-0006