

Table of Contents

State/Territory Name: South Carolina

State Plan Amendment (SPA) #: 17-0007

This file contains the following documents in the order listed:

- 1) RO Follow-Up Approval Letter
- 2) Pharmacy Approval Letter
- 3) CMS 179 Form
- 4) 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

May 4, 2017

Ms. Deirdra Singleton, Interim Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Re: South Carolina Title XIX State Plan Amendment, Transmittal SC-17-0007

Attention: Sheila Chavis

Dear Ms. Singleton:

This is to affirm approval of the above referenced State Plan Amendment which was submitted to the Regional Office on March 30, 2017. The State's requested effective date of January 1, 2017 has been accepted.

Enclosed for your records are:

1. a copy of the approval letter dated May 2, 2017 that was submitted to the State by John M. Coster, Director, Division of Pharmacy;
2. the original signed 179; and
3. the approved plan pages.

If you have any additional questions regarding this amendment, please contact Maria Drake, State Coordinator for South Carolina, at 404-562-3697.

Sincerely,

//s//

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

Enclosure(s)

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

May 2, 2017

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

Dear Mr. Soura:

We have reviewed South Carolina's State Plan Amendment (SPA) 17-0007, Prescribed Drugs, received in the Atlanta Regional Office on March 30, 2017. This SPA proposes to remove any reference to drugs used for cosmetic purposes or hair growth from the state plan pages.

Based on the information provided, we are pleased to inform you that, consistent with the regulations at 42 CFR 430.20, SPA 17-0007 is approved with an effective date of January 1, 2017. A copy of the signed CMS-179 form, as revised, as well as the pages approved for incorporation into the South Carolina state plan will be forwarded by the Atlanta Regional Office.

If you have any questions regarding this amendment, please contact Mickey Morgan at (410)786-4048 or mickey.morgan@cms.hhs.gov

Sincerely,

/s/

John M. Coster, Ph.D., R.Ph.
Director
Division of Pharmacy

CC: Bryan Amick, SCDHHS
Sheila Chavis, SCDHHS
Jackie Glaze, ARA, CMS, Atlanta Regional Office
Maria Drake, CMS, Atlanta Regional Office

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|---|---|--|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER: 17-0007 | 2. STATE South Carolina |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE 01/01/2017 |

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: 42 U.S.C. 1936b(i)(21) | 7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$ 0 b. FFY 2018 \$ 0 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1.A.1, page 2 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1.A.1, page 2 |

10. SUBJECT OF AMENDMENT:
Removal of State Plan language related to the coverage of drugs used for cosmetic purposes.

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

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Mr. Soura was designated by the Governor
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 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, SC 29202-8206 |
| 13. TYPED NAME: Christian L. Soura | |
| 14. TITLE: Director | |
| 15. DATE SUBMITTED: March 30, 2017 | |

| FOR REGIONAL OFFICE USE ONLY | |
|------------------------------|-----------------------------|
| 17. DATE RECEIVED: 03/30/17 | 18. DATE APPROVED: 04/28/17 |

| PLAN APPROVED – ONE COPY ATTACHED | |
|--|--|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/17 | 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

State Agency: South Carolina Department of Health and Human ServicesMEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED OUTPATIENT
DRUGS FOR THE CATEGORICALLY NEEDY

| Citation (s) | Provision (s) |
|-------------------------------------|--|
| 1927(d)(2) and 1935(d)(2) 1. | The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit -Part D. |
| — | The following excluded drugs are covered: |
| <input checked="" type="checkbox"/> | (a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below) |
| <input type="checkbox"/> | (b) agents when used to promote fertility (see specific drug categories below) |
| <input type="checkbox"/> | (d) agents when used for the symptomatic relief cough and colds (see specific drug categories below) |
| <input checked="" type="checkbox"/> | (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride (see specific drug categories below) |
| <input checked="" type="checkbox"/> | (f) nonprescription drugs (see specific drug categories below) |

TN No. SC 17-0007

Supersedes

Approval Date 04/28/17 Effective Date: 1/01/17TN No. SC 09-001