

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 1, 2014

Mr. Anthony E. Keck  
Director  
South Carolina Department of Health and Human Services (SCDHHS)  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

**RECEIVED**

**MAY 13 2014**

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment, SC 14-009

Dear Mr. Keck:

This is to affirm approval of the above referenced State Plan Amendment which was submitted to the Regional Office on March 28, 2014. The State's requested effective date of January 1, 2014 has been accepted.

Enclosed for your records are:

1. a copy of the approval letter dated April 29, 2014 that was submitted to the State by Joseph Fine, Acting Division of Pharmacy;
2. the original signed 179; and
3. the approved plan page.

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

Sincerely,

A handwritten signature in black ink that reads "Jackie Glaze" with "for" written below it in a smaller, cursive script.

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

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
14-009

2. STATE  
South Carolina

FOR: HEALTH CARE FINANCING ADMINISTRATION

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  
January 1, 2014

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:  
1927(d)(2) and 1927(d)(7)

7. FEDERAL BUDGET IMPACT:  
a. FFY 2014 \$0.00  
b. FFY 2015 \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Attachment 3.1.A.1, Page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
  
Attachment 3.1.A.1, Page 3

10. SUBJECT OF AMENDMENT:  
This plan amendment removes barbiturates, benzodiazepines, and smoking cessation medications from the list of potentially excluded drugs listed in Attachment 3.1.A.1 of the Medicaid State Plan. Note that South Carolina currently provides coverage for barbiturates, benzodiazepines, and smoking cessation medications, so this SPA results in no change in the coverage of these medications.

11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Mr. Keck 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:  


13. TYPED NAME:  
Anthony E. Keck

14. TITLE:  
Director

15. DATE SUBMITTED:  
March 27, 2014

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
03-28-14

18. DATE APPROVED: 04-29-14

**PLAN APPROVED -- ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
01/01/14

20. SIGNATURE OF REGIONAL OFFICIAL:  


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 Services

MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED OUTPATIENT  
DRUGS FOR THE CATEGORICALLY NEEDY

Citation (s)	Provision (s)
1927(d)(2) and 1935(d)(2)	<input type="checkbox"/> (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)  (The Medicaid agency lists specific category of drugs below)  (a) South Carolina Medicaid will only cover lipase inhibitors  (e) All categories of rebateable vitamins and mineral products, including prenatal vitamins and fluoride  (f) Over the counter (OTC) drugs that are in the Medicaid drug rebate program and correspond to the covered legend drugs in (e)

     **No excluded drugs are covered.**

TN No. SC 14-009  
Supersedes  
TN No. SC 12-020

Approval Date 04-29-14

Effective Date 01/01/14