

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

March 13, 2017

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

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment, SC 16-0009

Dear Mr. Soura:

Enclosed is an approved copy of South Carolina's state plan amendment (SPA) 16-0009, which was submitted to CMS on December 21, 2016. The amendment will allow the exclusion of particular covered outpatient drugs, or class of drugs, from the managed care organization (MCO) model in those cases where they are not included in the MCO capitated rate.

Based on the information provided, the Medicaid SPA SC 16-0009 was approved on March 13, 2017. The effective date of this amendment is October 1, 2016. We are enclosing the HCFA-179 and the approved plan page.

If you have any additional questions, please contact Maria Drake at (404) 562-3697 or Maria.Drake@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads "Jackie Glaze". The signature is written in a cursive, flowing style.

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:
16-0009

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
October 1, 2016

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 CFR 438.3(s)(1)
1932(a)(5)(D)
1905(t)

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 \$ 0
b. FFY 2018 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-F page 13

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-F page 13


10. SUBJECT OF AMENDMENT: To allow for the exclusion of particular covered outpatient drugs, or class of drugs, from the MCO model in those cases where they are not included in the MCO capitated rate.

11. 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:
Mr. Soura was designated by the Governor to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:
Christian L. Soura

14. TITLE:
Director

15. DATE SUBMITTED:
December 15, 2016

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

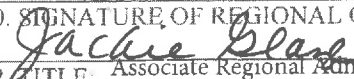
17. DATE RECEIVED: 12/21/16

18. DATE APPROVED: 03/13/17

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
10/01/16

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME: Jackie Glaze

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children Health Opns

23. REMARKS:

State: South Carolina

Citation

Condition or Requirement

- The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56(c).
4. Describe any additional circumstances of "cause" for disenrollment (if any).
- The State does not use any additional circumstances of "cause" for disenrollment other than those detailed in 42 CFR 438.56(c).
- K. Information requirements for beneficiaries
- Place a check mark to affirm state compliance.
- 1932(a)(5)
42 CFR 438.50
42 CFR 438.10
- The state assures that its state plan program is in compliance with 42 CFR 438.10(i) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments. (Place a check mark to affirm state compliance.)
- 1932(a)(5)(D)
1905(t)
- L. List all services that are excluded for each model (MCO & PCCM)
- PCCM excluded services: None
MCO excluded services:
Institutional Long Term Care Facilities/Nursing (after the first ninety (90) continuous days post- admission)
Non-Ambulance Transportation
Glasses, contacts and fitting fees
Dental Services
Targeted Case Management Services
Pregnancy Prevention Services – Targeted Populations
MAPPS Family Planning Services
Organ Transplantation
Non mental health services provided by a School District
Services provided by the Department of Disabilities and Special Needs
Services provided in Developmental Evaluation Centers
Services provided in free standing psychiatric hospital services
Psychiatric Residential Treatment Facility Services
Prescribed drugs, or classes of drugs, that are excluded from the MCO capitation rate
- 1932 (a)(1)(A)(ii)
- M. Selective contracting under a 1932 state plan option
- To respond to items #1 and #2, place a check mark. The third item requires a brief narrative.
1. The state will /will not intentionally limit the number of entities it contracts under a 1932 state plan option.