

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

RECEIVED

MAY 08 2017

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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,

A handwritten signature in black ink, appearing to read "Jackie Glaze", is written over a circular stamp or seal. The signature is fluid and cursive.

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

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

1. TRANSMITTAL NUMBER:
17-0007

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
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 (*If Applicable*):

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

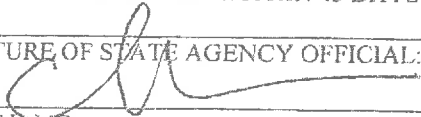
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

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:
March 30, 2017

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

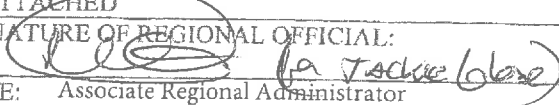
17. DATE RECEIVED: 03/30/17

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:



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 NEEDED

| Citation (s) | Provision (s) |
|---------------------------|--|
| 1927(d)(2) and 1935(d)(2) | <p>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.</p> <p>The following excluded drugs are covered:</p> <p><input checked="" type="checkbox"/> (a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below)</p> <p><input type="checkbox"/> (b) agents when used to promote fertility (see specific drug categories below)</p> <p><input type="checkbox"/> (d) agents when used for the symptomatic relief cough and colds (see specific drug categories below)</p> <p><input checked="" type="checkbox"/> (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride (see specific drug categories below)</p> <p><input checked="" type="checkbox"/> (f) nonprescription drugs (see specific drug categories below)</p> |