

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

☒ Provided: ☐ No limitations ☒ With limitations*

- 2.a. Outpatient hospital services.

☒ Provided: ☒ No limitations ☐ With limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided:

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub.45-4).

☒ Provided: ☐ No limitations ☒ With limitations*

- d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 or the Public Health Service Act to a pregnant woman or individual under 21 years of age.

☒ Provided: ☒ No limitations ☐ With limitations*

- e. Indian Health Service Facility Services.

☒ Provided: ☐ No limitations ☒ With limitations*

3. Other laboratory and x-ray services.

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment

TN No. SC 11-024
Supersedes
TN No. SC 08-004

Approval Date 03-19-12

Effective Date 10/01/11

HCFA ID: 7986E

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4.a. Nursing facility Services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

☒ Provided: ☐ No limitations ☒ With limitations*

1905(a)(4)(C)

c. Family Planning

(i) Family planning services and supplies for individuals of child-bearing age and for individuals (including men) eligible pursuant to Att. 2.2-A, B, if this eligibility option is elected by the State. Family Planning services are available to all Medicaid beneficiaries and include medical and counseling services related to alternatives for birth control, pregnancy prevention services and STI/HIV testing and counseling/education prescribed and rendered by physicians, hospitals, clinics, pharmacies and other Medicaid providers.

☒ Provided ☐ No limitations ☒ With limitations

Please describe any limitation.

- Charges incurred when a beneficiary enters an outpatient facility for sterilization purposes, but then opts out of the procedure
- Colposcopy and biopsy of cervix/vagina
- Removal of contraceptive implants due to medical complications

(ii) Family planning-related services provided under the above State Eligibility Option

d. 1) Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women provided (by):

☒ (i) By or under supervision of a physician;

☒ (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; * or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

*describe if there are any limits on who can provide these counseling services

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

☒ Provided: ☒ No limitations ☐ With limitations *

*Any benefit package that consists of less than four (4) counseling sessions per quit attempt per 12 month period should be explained below.

Please describe any limitations:

TN No. SC 11-023
Supersedes
TN No. SC 10-010

Approval Date 03/05/12

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Revision: HCFA-PM-92-3 (MB)
April 1992

ATTACHMENT 3.1-A
Page 2a
OMB NO.:

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

☒ Provided ☒ with limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not Provided.

*Description provided on attachment.

TN No. SC 11-023
Supersedes
TN No. New Page

Approval Date 03/05/12

Effective Date 01/01/12

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' Services.

- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided

c. Chiropractors' Services.

- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided

d. Other Practitioners' Services.

- ☒ Provided: Identified on attached sheet with description of
limitations, if any.
☐ Not Provided

7. Home Health Services.

a. Intermittent or part-time nursing service provided by a home health agency
or by a registered nurse when no home health agency exists in the area.

- ☒ Provided: ☐ No limitations ☒ With limitations*

b. Home health aide services provided by a home health agency.

- ☒ Provided: ☐ No limitations ☒ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

- ☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. MA 98-013

Supersedes

TN No. MA 92-11

Approval Date 2/09/99

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HCFA ID: 7986E

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not Provided

8. Private duty nursing services.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not Provided

*Description provided on attachment.

TN No. MA 92-011

Supersedes

TN No. N/A

Approval Date 2/17/93

Effective Date 7/01/92

HCFA ID: 7986E

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services.

- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided

10. Dental Services

- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided

11. Physical therapy and related services.

a. Physical therapy.

- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided

b. Occupational therapy.

- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided

c. Services for individuals with speech, hearing, and language disorders
(provided by or under supervision of a speech pathologist or
audiologist).

- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided

*Description provided on attachment.

TN No. <u>SC 10-011</u>	Effective Date <u>11/01/10</u>
Supersedes	Approval Date <u>02/07/11</u>
TN No. <u>MA 85-14</u>	HCFA ID: 0069P/0002p

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided

b. Dentures.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not Provided

c. Prosthetic devices

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided

d. Eyeglasses.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

a. Diagnostic services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not Provided

*Description provided on attachment.

TN No. MA 85-14

Supersedes

TN No. ?

Approval Date 9/24/85

Effective Date 07/01/85

HCFA ID: 0069P/0002P

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening Services.

- ☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not Provided

c. Preventive Services.

- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided

d. Rehabilitative services.

- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

- ☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not Provided

b. Nursing facility services.

- ☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided

*Description provided on attachment.

TN No. MA 95-005
Supersedes
TN No. MA 85-14

Approval Date 8/23/95 Effective Date 07/01/95

State/Territory South Carolina

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

☒ Provided ☐ No limitations

☒ With limitations* ☐ Not Provided:

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☒ Provided ☐ No limitations

☒ With limitations* ☐ Not Provided:

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided ☐ No limitations

☒ With limitations* ☐ Not Provided:

17. Nurse-midwife services

☒ Provided ☐ No limitations

☒ With limitations* ☐ Not Provided:

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided ☒ No limitations ☒ Provided in accordance with section 2302
of the Affordable Care Act

☐ With limitations* ☐ Not Provided:

***Description provided on attachment**

SC No. SC 12-023
Supersedes
SC No. MA 95-011

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case Management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

☒ Provided: ☒ With limitations*

☐ Not Provided

- b. Special tuberculosis (TB) related services under section 1902z)(2)(F) of the Act.

☐ Provided: ☐ With limitations*

☒ Not Provided

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

☒ Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

☒ Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

TN No. MA 99-002

Supersedes

Approval Date 11/18/99

Effective Date 08/01/99

TN No. MA 90-07

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided:

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the ACT).

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided:

23. Pediatric or family nurse practitioners' services.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided:

*Description provided on attachment.

TN No. MA 99-002

Supersedes

Approval Date 11/18/99

Effective Date 08/01/99

TN No. MA 88-01

HCFA ID: 7986E

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not Provided

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not Provided

d. Nursing facility services provided for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ No provided

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided

g. Birthing Centers:

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided

*Description provide on attachment.

TN No. MA 99-002

Supersedes

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TN No. MA 90-38

HCFA ID 7986E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

a 1. Transportation

- ☐ No limitations
☐ With limitations

a 2. Brokered Transportation

- ☒ Provided under section 1902(a)(70)

The State assures it has established a non-emergency medical transportation program in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(f).

(1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a);

- ☐ (1) statewideness (indicate areas of State that are covered)
☐ (10)(B) comparability (indicate participating beneficiary groups)
☒ (23) freedom of choice (indicate mandatory population groups)

(2) Transportation services provided will include:

- ☒ wheelchair van
☒ taxi
☐ stretcher car
☒ bus passes
☒ tickets
☐ secured transportation
☒ such other transportation as the Secretary determines appropriate (please describe) Provision of non-emergency transportation to include, but not limited to, transport by minibus, passenger automobile, van and minivan and non-emergency ambulance transportation (stretcher).

TN NO. SC 06-008

Supersedes: Approval Date: 11/27/07 Effective Date: 07/01/06

TN No. New Page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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- (3) The State assures that transportation services will be provided under a contract with a broker who:
- (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;
 - (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transport personnel are licensed, qualified, competent, and courteous;
 - (iii) is subject to regular auditing and oversight by the State in order to ensure the quality of the transportation services provided and the adequacy of beneficiary access to medical care and services;
 - (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate);
- (4) The broker contract will provide transportation to the following categorically needy mandatory populations:
- ☒ Low-income families with children (section 1931)
 - ☒ Low-income pregnant women
 - ☒ Low-income infants
 - ☒ Low-income children 1 through 5
 - ☒ Low-income children 6 - 19
 - ☒ Qualified pregnant women
 - ☒ Qualified children
 - ☒ IV-E Federal foster care and adoption assistance children
 - ☒ TMA recipients (due to employment)
 - ☒ TMA recipients (due to child support)
 - ☒ SSI recipients

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
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(5) The broker contract will provide transportation to the following categorically needy optional populations:

- ☒ Optional low-income pregnant women
- ☒ Optional low-income infants
- ☒ Optional targeted low-income children
- ☒ Individuals under 21 who are under State adoption assistance agreements
- ☒ Individuals under age 21 who were in foster care on their 18th birthday
- ☒ Individuals who meet income and resource requirements of AFDC or SSI
- ☐ Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
- ☐ Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
- ☒ Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
- ☐ Individuals infected with TB
- ☒ Individuals screened for breast or cervical cancer by CDC program
- ☐ Individuals receiving COBRA continuation benefits
- ☒ Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
- ☒ Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution
- ☒ Individuals terminally ill if in a medical institution and will receive hospice care
- ☒ Individuals aged or disabled with income not above 100% FPL
- ☐ Individuals receiving only an optional State supplement in a 209(b) State

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- ☒ Individuals working disabled who buy into Medicaid (BBA working disabled group) NOTE: DHHS has opted to not require Buy-In; DHHS pays premium for beneficiaries.
 - ☒ Employed medically improved individuals who buy into Medicaid under TWWIIA Medical Improvement Group
 - ☒ Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids)
- (6) The State will pay the contracted broker by the following method:
- ☒ (i) risk capitation
 - ☐ (ii) non-risk capitation
 - ☐ (iii) other (e.g., brokerage fee and direct payment to providers)

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: ☐ No limitations ☒ With limitations

None licensed or approved

Please describe any limitations: See ATTACHMENT 3.1-A, LIMITATION SUPPLEMENT, PAGE 10a

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: ☐ No limitations ☒ With limitations (please describe below)

☐ Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations: See ATTACHMENT 3.1-A, LIMITATION SUPPLEMENT, PAGE 10a

Please check all that apply:

☒ (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

☒ (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). *

☐ (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

Licensed Midwives

SC 11-016
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RO Approval: 12/21/11
SUPERSEDES: New Page

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
COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

Citation (s)	Provision (s)
1935(d)(1)	Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

TN No. MA 05-011
Supersedes Approval Date 11/15/05 Effective Date 01/01/06
TN No. New Page

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) 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"/>	(c) agents when used for cosmetic purposes or hair growth (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 09-001

Supersedes _____ Approval Date 02/09/09 Effective Date 02/01/09

TN No. MA 05-011

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)	<p><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)</p> <p><input checked="" type="checkbox"/> (h) barbiturates (see specific drug categories below) (Except for dual eligible individuals effective January 1, 2013 when used in the treatment of epilepsy, cancer or a chronic mental health disorder as Part D will cover those indications)</p> <p><input checked="" type="checkbox"/> (i) benzodiazepines (see specific drug categories below) (Except for dual eligible individuals effective January 1, 2013 as Part D will cover all indications)</p> <p><input checked="" type="checkbox"/> (j) smoking cessation, except dual eligibles as Part D will cover (see specific drug categories below)</p> <p>(The Medicaid agency lists specific category of drugs below)</p> <p>(a) South Carolina Medicaid will only cover lipase inhibitors</p> <p>(e) All categories of rebateable vitamins and mineral products, including prenatal vitamins and fluoride</p> <p>(f) Over the counter (OTC) drugs that are in the Medicaid drug rebate program and correspond to the covered legend drugs in (e) and (j)</p> <p>(h) All categories of rebateable barbiturates.</p> <p>(i) All categories of rebateable benzodiazepines.</p> <p>(j) All categories of rebateable smoking cessation products</p> <p><u> </u> No excluded drugs are covered.</p>

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