

Henry McMaster GOVERNOR
Joshua D. Baker DIRECTOR
P.O. Box 8206 > Columbia, SC 29202
www.scdhhs.gov

Sept. 27, 2019

PUBLIC NOTICE

SUBJECT: Final Action for Compliance with the SUPPORT for Patients and Communities Act

The South Carolina Department of Health and Human Services (SCDHHS) gives notice of the following action regarding the SUPPORT for Patients and Communities (SUPPORT) Act under Title XIX of the Social Security Act Medical Assistance Program (Medicaid).

Effective for services provided on or before Oct. 1, 2019, SCDHHS will amend the South Carolina Title XIX State Plan to demonstrate compliance with the SUPPORT Act. This action does not result in any changes to Medicaid coverage policy, but rather attest to preexisting compliance with the SUPPORT Act requirements. SCDHHS currently provides for:

- Safety edits including early, duplicate, and quantity limits for opioid medications
- Maximum daily morphine milligram equivalent (MME) safety edits for opioid medications
- Concurrent utilization alerts for opioids with benzodiazepines and/or antipsychotics
- Monitoring antipsychotic medications in children
- Monitoring of fraud and abuse of controlled substances by enrollees, prescribing providers and pharmacy providers, to include lock in programs and drug monitoring

The above actions will not have any impact on Medicaid benefits or reimbursement policy.

Copies of this notice are available at each SCDHHS Healthy Connections Medicaid office and at www.scdhhs.gov for public review. Additional information concerning these actions is available upon request at the address cited below.

Any written comments submitted may be reviewed by the public at SCDHHS, Division of Health Programs, Room 1244, 1801 Main Street, Columbia, S.C., Monday- Friday between the hours of 9 a.m. and 5 p.m.

Joshua D. Baker

Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCDHHS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Janet Bell, ADA and Civil Rights Official, by mail at: PO Box 8206, Columbia, SC 29202-8206; by phone at: 1-888-808-4238 (TTY: 1-888-842-3620); or by email at: civilrights@scdhhs.gov.

If you believe that SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-888-549-0820 (TTY: 1-888-842-3620).

si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-549-0820 (TTY: 1-888-842-3620).

خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888-549-0820 (رقم هاتف الصم والبكم: 888-842-3620). إذا كنت تتحدث اذك اللغة، فإن

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-549-0820 (TTY: 1-888-842-3620).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-549-0820 (телетайп: 1-888-842-3620).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-549-0820 (TTY: 1-888-842-3620).

Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-888-549-0820 (TTY : 1-888-842-3620)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-549-0820 (TTY: 1-888-842-3620)

Falam tawng thiam tu na si le tawng let nak asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in na ko thei.

धयद आप हदी बोलते ह तो आपके लिए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-888-549-0820 (TTY: 1-888-842-3620) पर कॉल कर।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-549-0820 (TTY: 1-888-842-3620)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-549-0820 (ATS : 888-842-3620).

နမူကတိ၊ ကညီ ကျိန်အလိ၊ နမူနာ ကျိန်အတိမ်၊ စာလတ်တူညီလက်စွာ နီတမံတည်သုန့်ညီလိ။ ကိး 888-549-0820 (TTY: 888-842-3620)

ආහුතරය: ආයතනයේ ආහුතරයේ හිමි වන්නාවූ ආයතනයේ සේවකයින්: ඔබගේ ආහුතරයේ තිබෙන ආහුතරය: ඔබගේ ආහුතරයේ සේවකයන් 1-888-549-0820 (ආහුතරයේ: 1-888-842-3620).

အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ငဲ့အတွက်

စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 888-549-0820 (TTY: 888-842-3620) သို့ ခေါ်ဆိုပါ။