

Table of Contents

State/Territory Name: SC

State Plan Amendment (SPA) #: 22-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



August 30, 2022

Robert M. Kerr
Director
South Carolina Department of Health & Human Services
1801 Main Street
P.O. Box 8206
Columbia, SC 29201-8206

Re: South Carolina State Plan Amendment (SPA) 22-0005

Dear Director Kerr:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0005. This amendment complies with necessary changes resulting from the 2021 Consolidated Appropriations Act requiring mandatory coverage of routine patient costs for services furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials on or after January 1, 2022.

Pursuant to section 1135(b)(5) of the Social Security Act (Act), for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. §430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of South Carolina requested a waiver to modify the public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is modifying public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(5) of the Act, CMS is approving the state's request to modify these notice requirements otherwise applicable to SPA submissions.

The State of South Carolina also requested a waiver to modify the tribal consultation timeline applicable to this SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is also allowing states to modify the timeframes associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA.

Page 2 – Robert M. Kerr

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that South Carolina Medicaid SPA Transmittal Number 22-0005 is approved effective January 1, 2022.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Rita Nimmons at (404) 562-7415 or by email at Rita.Nimmons@cms.hhs.gov if you have any questions about this approval.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2022.08.30
08:23:03 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<p>1. TRANSMITTAL NUMBER <u>2 2 - 0 0 0 5</u></p> <p>2. STATE <u>SC</u></p> <p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI</p> <p>4. PROPOSED EFFECTIVE DATE January 1, 2022</p> <p>5. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>1,061,000</u> b. FFY <u>2023</u> \$ <u>1,412,000</u></p> <p>6. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)</p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p> <p>5. FEDERAL STATUTE/REGULATION CITATION Section 1905(a)(30) and Section 1905(gg) of the SSA</p> <p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, page 11 (new) Attachment 3.1-B, page 10 (new)</p>	<p>9. SUBJECT OF AMENDMENT SPA is being submitted to comply with Div. CC, Title II, Section 210 of the Consolidated Appropriations Act, 2021 (P.L.116-260)</p>


70. 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:

<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p> <p>12. TYPED NAME Robert M. Kerr</p> <p>13. TITLE Director</p> <p>14. DATE SUBMITTED June 10, 2022</p>	<p>15. RETURN TO South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206</p>
--	--

<p>16. DATE RECEIVED 06/10/2022</p>	<p>17. DATE APPROVED 08/30/2022</p>
--	--

FOR CMS USE ONLY

PLAN APPROVED - ONE COPY ATTACHED

<p>18. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2022</p> <p>20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL  DeBoy -S</p> <p>21. TITLE OF APPROVING OFFICIAL On Behalf of Anne Marie Costello, Deputy Director Center for Medicaid and CHIP Services</p>
--	---

22. REMARKS

7/13/22 - State requested pen & ink change to remove the blank 3.1-B page in Section 7

State/Territory: SC**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED****CATEGORICALLY NEEDY GROUP(S)**

30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

*The state needs to check each assurance below.

Provided: ✓

I. General Assurances:

Routine Patient Cost – Section 1905(gg)(1) ✓ Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.**Qualifying Clinical Trial – Section 1905(gg)(2)** ✓ A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).**Coverage Determination – Section 1905(gg)(3)** ✓ A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 22-0005
Supersedes TN: New

Approval Date: 08/30/22
Effective Date 01/01/22