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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: 24-0002

This file contains the following documents in the order listed:

1) Approval Letter

2) CMS 179 Form

3) Approved SPA Page

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

Medicaid Benefits and Health Programs Group

April 18, 2024

Robert M. Kerr Director South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206

re: South Carolina State Plan Amendment (SPA) 24-0002

Dear Director Kerr:

The CMS Division of Pharmacy team has reviewed South Carolina's SPA 24-0002, received in the CMS Division of Program Operations on February 13, 2024. This amendment proposes to update language for excluded drugs covered by SCDHHS including weight loss medicine, prescription vitamins & minerals and OTC drugs.

Based on the information provided and consistent with the regulations at 42 CFR 447.20, we are pleased to inform you SC-24-0002 is approved with an effective date of January 1, 2024. We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into South Carolina's state plan.

If you have any questions regarding this state plan amendment, please contact Desiree Elekwa Izuakor at 667-290-9590 or <u>desiree.elekwaizuakor@cms.hhs.gov</u>.

Sincerely,

Cynthia R. Digitally signed by Cynthia R. Denemark -S Denemark -S Date: 2024.04.18 11:49:15 -04'00'

Cynthia R. Denemark, R.Ph. Director, Division of Pharmacy

cc: Margaret Alewine, South Carolina Department of Health and Human Services Shelia Chavis, South Carolina Department of Health and Human Services Etta Hawkins, South Carolina State Lead, CMS

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES	FORMAP PROV OMB No. 0038-01		
	1. TRANSMITTAL NUMBER 2. STATE		
TRANSMITTAL AND NOTICE OF APPROVAL O STATE PLAN MATERIAL	F <u>2 4 0 0 2 SC</u>		
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICE	S 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI		
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2024		
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)		
Section 1902 (a)(30)(A) Social Security Act and 42 CFR 430.20	a FFY 2024 \$ 0 b. FFY 2025 \$ 0		
7, PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)		
Attachment 3.1.A.1, pages 2, 3	Attachment 3.1.A.1, pages 2, 3		
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	OTHER, ASSPECIFIED: Mr. Kerr was designated by the SC Governor to		
O NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	approve all State Plans		
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO South Carolina Department of Health and Human Services Post Office Box 8206		
12. TYPED NAME CM Lun Robert M. Kerr	Columbia, SC 29202-8206		
13. TITLE Director			
14. DATE SUBMITTED February 9, 2024			
	USE ONLY		
16. DATE RECEIVED February 13, 2024	17. DATE APPROVED April 18 2024		
PLAN APPROVED - 0	ONE COPY ATTACHED		
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL Cynthia R. Denemark - S Dela 204.05 10 114031 OFFIC		
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL		
Cynthia R. Denemark, R.Ph.	Director, Division of Pharmacy		
22. REMARKS			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency: <u>South Carolina Department of Health and Human Services</u>

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:	
X	(a) selective agents when used for anorexia, weight loss, weight gain will be covered as listed in the state's provider manual.	
	<pre>(b) agents when used to promote fertility (see specific drug categories below)</pre>	
	(c) agents when used for the symptomatic relief cough and colds (see specific drug categories below)	
X	(d) selective prescription vitamins and mineral products, except prenatal vitamins and fluoride will be covered as listed in the state's provider manual.	
×	(e) selective over the counter (OTC) drugs will be covered as listed in the state's	

provider manual.

Attachment 3.1.A.1 Page 3

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)	(f) 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)	

_ No excluded drugs are covered.