

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**

October 30, 2017

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

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment (SPA), SC 17-0019

Dear Ms. Singleton;

Enclosed is an approved copy of South Carolina's state plan amendment (SPA) 17-0019, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 29, 2017. The purpose of this amendment is to enhance the benefit for immunizations available to adult beneficiaries, more closely aligning coverage with the Center for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommendations.

Based on the information provided, the Medicaid SPA SC 17-0019 was approved on October 30, 2017. The effective date of this amendment is July 1, 2017. We are enclosing the approved HCFA-179 and the plan page.

If you have any additional questions, please contact Maria Drake at (404) 562-3697 or [Maria.Drake@cms.hhs.gov](mailto:Maria.Drake@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink that reads "Shantrina Roberts". The signature is written in a cursive style.

Shantrina Roberts  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

**RECEIVED**

NOV 02 2017

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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

1. TRANSMITTAL NUMBER:  
17-0019

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  
July 1, 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:  
Social Security Act 1905(a)(13)(B)

7. FEDERAL BUDGET IMPACT:  
a. FFY 2017 \$ 36,000  
b. FFY 2018 \$ 143,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A Limitation Supplement, Page 3a.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 3.1-A Limitation Supplement, Page 3a.1

10. SUBJECT OF AMENDMENT: This plan amendment will align coverage for adult immunizations with the CDC guidelines.

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:  
Ms. Singleton was designated by the Governor  
to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
Deirdra T. Singleton

14. TITLE:  
Acting Director

15. DATE SUBMITTED:  
September 28, 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: 09/29/17

18. DATE APPROVED: 10/30/17

**PLAN APPROVED -- ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
07/01/17

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
Shantrina Roberts

22. TITLE: Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

23. REMARKS:

The following services are excluded from coverage:

- Optometric hypnosis
- Broken appointments
- Special reports
- Progressive and transitional lenses
- Lenses and/or frames that are not included in the Medicaid sample kit
- Extended wear contact lenses
- Oversized lenses or frames, unless medically justified
- Tinted lenses and coatings, unless medically justified, as in the case of albinism or post-cataract patients
- Trifocals
- Executive bifocals, unless medically justified
- Bifocal segment widths in excess of 25 mm unless medically justified

Detail clinical policy is published in the Physician, Laboratories, and Other Medical Professional manual on the South Carolina Department of Health and Human Services website at [www.scdhhs.gov](http://www.scdhhs.gov).

The South Carolina Department of Health and Human Services may approve additional ambulatory care visits when medically necessary. Limitations will be based on medical necessity.

Preventive Care:

Newborn Care is limited to routine newborn care and follow-up in the hospital. All other well baby services are limited to the provisions defined in the EPSDT section of the plan.

Immunizations for beneficiaries who do not qualify for the Vaccines for Children (VFC) program based on age are limited to those recommended by the Center for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) that are listed as covered services in the Physicians, Laboratories, and Other Medical Professionals Provider Manual. Additional immunization benefits may be available to individuals under the age of 21 through the EPSDT benefit.

SC 17-0019  
EFFECTIVE DATE: 07/01/17  
RO APPROVAL: 10/30/17  
SUPERSEDES: SC 11-020