

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: South Carolina

Citation

As a condition for receipt of Federal funds under Title XIX of the Social Security Act, the

42 CFR
430.10

Department of Health and Human Services
(Single State Agency)

submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State Plan, the requirements of title XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

TN No. MA 95-014
Supersedes
TN No. MA 92-07

Approval Date 11/21/95

Effective Date 7/01/95
HFCA ID: 7982E

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State South Carolina

SECTION 1. SINGLE STATE AGENCY ORGANIZATION

Citation
42CFR 431.10
AT-79-29

1.1 Designation and Authority

- (a) The Department of Health and Human Services is the single State agency designated to administer or supervise the administration of the Medicaid program under Title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

TN No. MA 95-014
Supersedes
TN No. MA 92-07

Approval Date 11/21/95

Effective Date 7/01/95

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State South Carolina

Citation
Sec. 1902(a)
of the Act

1.1. (b) The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervised the administration of that part of this plan which relates to blind individuals.

Yes. The State agency so designated is

This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.

Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

TN No. MA 76-33
Supersedes
TN # _____

Approval Date 02/18/77

Effective Date 12/3/76

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State South Carolina

Citation
Intergovernmental
Cooperation Act
of 1968

1.1(c)

Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

- Yes. ATTACHMENT 1.1.-B describes these Waivers and the approved alternative Organizational arrangements.
- Not applicable. Waivers are no longer in effect.
- Not applicable. No waivers have ever been granted.

TN No. MA 76-33
Supersedes
TN #

Approval Date 02/18/77

Effective Date 12/3/76

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State South Carolina

Citation

42 CFR 431.10
AT-79-29

1.1 (d)



The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.



Determination of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

TN No. MA 02-001
Supersedes
TN # MA 76-033

Approval Date 05/03/02

Effective Date 1/01/02

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State South Carolina

Citation
42 CFR 431.10
AT-79-29

- 1.1.(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.
- (f) All other requirements of 42 CFR 431.10 are met.

TN No. MA 76-33
Supersedes
TN # _____

Approval Date 2/18/77

Effective Date 12/3/76

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State South Carolina

Citation
42 CFR 431.11
AT-79-29

1.2 Organization for Administration

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- (b) Within the State agency, the Bureau of Health Services has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.
- (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.

Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

TN No. MA 95-014
Supersedes
TN # MA-85-12

Approval Date 11/21/95

Effective Date 7/1/95

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State South Carolina

Citation
42CFR
431.50 (b)
AT-79-29

1.3 Statewide Operation

This plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

- The plan is State administered.
- The plan is administered by the political subdivisions of the State and is mandatory on them.

TN No. 74-11
Supersedes _____
TN # _____

Approval Date 9/10/74

Effective Date 7/24/74

State South Carolina

Citation
42 CFR
431.12 (b)
AT-78-90

1.4 State Medical Care Advisory Committee

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

42 CFR
438.104

X The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

Tribal Consultation Requirements:

Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCIA). Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

X The State seeks the advice on an ongoing basis from federally recognized tribes, Indian health programs and Urban Indian organizations on matters related to Medicaid and CHIP programs. There are tribal designees who attend quarterly Medical Care Advisory Committee meetings to gain firsthand knowledge of any policy changes, State Plan Amendments, waiver proposals, waiver extensions, waiver amendments or renewals prior to submission to CMS. All committee members receive written Advisements prior to each meeting. There is opportunity for discussion at each meeting. Minutes are recorded and distributed. Written documents of advisement and draft bulletins or notices are reviewed face-to-face. Minutes are recorded and

TN No. SC 11-004

Supersedes

Approval Date

05/23/11

Effective Date 01/09/11

TN # MA 03-011

State South Carolina

distributed to all attendees for comment and review. The State seeks to continue consulting on an ongoing basis through monthly meetings with the federally-recognized tribes, Indian Health Programs and Urban Indian organizations via video conference and calls. These calls are scheduled for 12 month periods. Minutes of the monthly calls are recorded and distributed to all attendees for comment and review. Tribal attendees include representatives from the Catawba Service Unit, including HIS staff and the Chief of the Catawba Indian Nation. The State will conduct an on-site visit with the tribal designees whenever new policy or amendments are introduced that would greatly affect a tribal member's eligibility or when tribal representatives express concerns on the conference call.

This coordination was officially established on December 9, 2010 at a joint meeting at the Catawba Service Unit. The first monthly conference call was held January 19, 2011.

TN No. SC 11-004
Supersedes _____
TN # New Page

Approval Date 05/23/11

Effective Date 01/09/11

Revision: HCFA-PM-94-3 (MB)
April 1994

State/Territory South Carolina

Citation

1.5 Pediatric Immunization Program

1928 of the Act

1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
 - a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
 - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act., health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
 - c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
 - d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.
 - e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.
 - f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.
 - g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.

TN No. MA 94-019

Supersedes

TN # N/A

Approval Date 1/25/95

Effective Date 10/01/94

Revision: HCFA-PM-94-3 (MB)
April 1994

State/Territory South Carolina

Citation

1928 of the Act

2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.
3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
4. The State Agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

 State Medicaid Agency

 X State Public Health Agency

TN No. MA 94-019
Supersedes
TN # N/A

Approval Date 1/25/95

Effective Date 10/01/94

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No. 0938-

State: South Carolina

Section 2 - COVERAGE AND ELIGIBILITY

Citation
42 CFR
435.10 and
Subpart J

2.1 Application, Determination of Eligibility and Furnishing
Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. MA 92-07
Supersedes
TN No. MA 76-20

Approval Date 6/04/92

Effective Date 1/01/92
HFCA ID: 7982E

Revision: HCFA-PM- (MB)

State/Territory: South Carolina

- | | | |
|--|------------|---|
| <u>Citation</u>
42 CFR
435.914
1902(a) (34) | 2.1(b) (1) | Except as provided in items 2.1(b) (2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, of the Act or on application would have been, eligible. the effective date of prospective and retroactive eligibility is specified in <u>Attachment 2.6-A</u> . |
| 1902(e) (8) and
1905(a) of the
Act | (2) | For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a) (10) (E) (i) of the Act, coverage is available for services furnished after the end of the month which the individual is first determined to be a qualified Medicare beneficiary. <u>Attachment 2.6-A</u> specifies the requirements for determination of eligibility for this group. |
| 1902(a) (47) and _____ | (3) | Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. <u>Attachment 2.6-A</u> specifies the requirements for determination of eligibility for this group. |

TN No. MA 03-011
 Supersedes
 TN No. MA 96-005

Approval Date 11/06/03Effective Date 8/13/03

Revision: HCFA-PM-91-8 (MB)
October 1991

OMB No.

State/Territory: South Carolina

Citation

1902(a) (55)
Of the Act

2.1(d)

The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such applications forms do not include the AFDC form except as permitted by HCFA instructions.

TN No. MA 92-07
Supersedes
TN No. MA 91-18

Approval Date 6/04/92

Effective Date 1/01/92
HFCA ID: 7982E

Revision: HCFA-PM-91-4
August 1991

(BPD)

OMB No. 0938-

State: South Carolina

Citation
42 CFR
435.10

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

- Mandatory categorically needy and other required special groups only.
- Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.
- Mandatory categorically needy and other required special groups, and specified optional groups.
- Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435 and sections 1902 (a) (10) (A) (i) (IV), (V), and (VI), 1902(a) (10) (A) (ii) (XI), 1902(a) (10) (E), 1902(1) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

TN No. MA 92-023
Supersedes
TN No. MA 92-07

Approval Date 2/19/93

Effective Date 10/01/92

HFCA ID: 7982E

Revision: HCFA-PM-87-4
March 1987

(BERC)

OMB No. 0938-0193

State: South Carolina

Citation

435.10 and
435.403, and
1902(b) of the
Act, P.L. 99-272
(Section 9529)
and P.L., 99-509
(Section 9405)

2.3 Residence

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at a fixed address.

TN No. MA 87-16
Supersedes
TN No. MA 87-07

Approval Date 10/13/87

Effective Date 7/01/87

HFCA ID: 1006P/0010P

Revision: HCFA-PM-87-4 (BERC)
March 1987

OMB No. 0938-0193

State: South Carolina

Citation

42 CFR 435.530(b)
42 CFR 435.531
AT-78-90
AT-79-29

2.4 Blindness

All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in ATTACHMENT 2.2-A.

TN No. MA 87-16
Supersedes
TN No. MA 76-02

Approval Date 10/13/87

Effective Date 7/01/87

HFCA ID: 1006P/0010P