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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: 23-0019

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 8, 2024

Robert M. Kerr
Director
South Carolina Department of Health & Human Services
P.O. Box 8206
Columbia, South Carolina 29202-8206

Re: South Carolina State Plan Amendment (SPA) 23-0019

Dear Director Kerr:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0019. This SPA proposes to align the limitations on non-covered medical expenses with the current Medicaid coverage and benefits.

We conducted our review of your submittal according to statutory requirements in 42 CFR 435.725; 42 CFR 435.726. This letter informs you that South Carolina's Medicaid SPA 23-0019 was approved on March 8, 2024, with an effective date of October 1, 2023.

Enclosed are copies of the approved CMS-179 summary form and the approved SPA page to be incorporated into the South Carolina State Plan.

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at Etta.Hawkins@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Margaret Alewine
Shelia Chavis

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 2 3 — 0 0 1 9	2. STATE S C
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 435.725; 42 CFR 435.726		4. PROPOSED EFFECTIVE DATE October 1, 2023	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 3 to Attachment 2.6-A, Page 1		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$ 0 b. FFY 2025 \$ 0	
9. SUBJECT OF AMENDMENT This SPA will align the limitations on non-covered medical expenses with the current Medicaid coverage and benefits.		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 3 to Attachment 2.6-A, Page 1	

10. GOVERNOR'S REVIEW (Check One)

<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="radio"/> OTHER, AS SPECIFIED: Mr. Kerr was designated by the Governor to review and approve all State Plans.
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11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206
12. TYPED NAME Robert M. Kerr	
13. TITLE Director	
14. DATE SUBMITTED December 20, 2023	

FOR CMS USE ONLY

16. DATE RECEIVED 12/28/2023	17. DATE APPROVED 03/08/2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations
22. REMARKS	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

LIMITATIONS ON NON-COVERED MEDICAL EXPENSES

Deductible expenses are those made for medical, remedial, or dental services that are otherwise not covered by the Medicaid Program under the State Plan or waiver benefits but are deemed medically necessary. Medical necessity will be determined by the agency through established utilization management policies based on the application of industry standard of medical, remedial, and dental practices and in alignment with South Carolina state law and regulations.

Deductions for non-covered medical, remedial or dental services shall not exceed the SCDHHS established reimbursement methodologies described in Attachment 4.19-B under each respective service section.

- The deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period is limited to zero.
- Reasonable and necessary medical and remedial care expenses not covered by Medicaid incurred in the 3 months prior to the month of application are allowable deductions. Expenses incurred prior to this three-month period are not allowable deductions.

TN No. SC 23-0019
Supersedes
TN No. SC 15-009

Approval Date: 03/08/24 Effective Date: 10/01/23

HCFA ID: 7985E