

Table of Contents

State/Territory Name: South Carolina

State Plan Amendment (SPA) #: SC-25-0013

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



Managed Care Group

February 4, 2026

Eunice Medina, Director
South Carolina Department of Health and Human Services
1801 Main Street
Columbia, SC 29201

Re: South Carolina State Plan Amendment (SPA) 25-0013

Dear Director Medina:

The Centers for Medicare & Medicaid Services (CMS) completed review of South Carolina's 1932(a) State Plan Amendment (SPA) Transmittal Number SC-25-0013 submitted on December 30, 2025. The purpose of this SPA is to allow mandatory managed care assignment for populations that currently may not be assigned to managed care.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that South Carolina's Medicaid SPA Transmittal Number SC-25-0013 is approved effective January 1, 2026.

If you have any questions regarding this amendment, please contact Claudia Simonson at (312) 353-2115 or via email at claudia.simonson@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, flowing style.

Bill Brooks
Director
Division of Managed Care Operations

cc: Scott Timmons
Sheila Chavis
Matthew Rodriguez

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2. STATE
2 5 - 0 0 1 3 S C
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
SSA Section 1932(a)(1)(A)(i); 42 CFR 438.1(a)(6)(i)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$ (100,800,000)
b. FFY 2027 \$ (162,800,000)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-F, pages 7, 7a (New page), 10

Attachment 3.1-F, pages 7, 10

9. SUBJECT OF AMENDMENT


This SPA will allow mandatory managed care assignment for populations that currently may not be assigned to managed care.

10. 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. Medina was designated by the Governor
to review and 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
Columbia, SC 29202-8206

12. TYPED NAME
Eunice Medina

13. TITLE
Director

14. DATE SUBMITTED
December 30, 2025

FOR CMS USE ONLY

16. DATE RECEIVED
December 30, 2025

17. DATE APPROVED
February 4, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Bill Brooks

21. TITLE OF APPROVING OFFICIAL
Director, Division of Managed Care Operations

22. REMARKS

State: South Carolina

Citation Condition or Requirement

2. Aged/Blind/Disabled Individuals

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
7. Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	§435.210 and §435.230	X				
8. Individuals eligible for Cash except for Institutionalized Status	§435.211			X		
9. Individuals Receiving Home and Community-Based Waiver Services Under Institutional Rules	§435.217	X				Mandatory for Medicaid Members enrolled in SC HIV/AIDS Waiver (0186.R07.00), SC Mechanical Ventilator Dependent Waiver (40181.R06.00), or SC Community Choices Waiver (0405.R04.00). All other Medicaid members will remain excluded.
10. Optional State Supplement Recipients - 1634 and SSI Criteria States – with 1616 Agreements	§435.232		X			
11. Optional State Supplemental Recipients- 209(b) States and SSI criteria States without 1616 Agreements	§435.234			X		
12. Institutionalized Individuals Eligible under a Special Income Level	§435.236	X				Mandatory for Medicaid Members enrolled in SC HIV/AIDS Waiver (0186.R07.00), SC Mechanical Ventilator Dependent Waiver (40181.R06.00), or SC Community Choices Waiver (0405.R04.00) All other Medicaid members will remain excluded.
13. Individuals Participating in a PACE Program under Institutional Rules	1934 of the SSA			X		
14. Individuals Receiving Hospice Care	1902(a)(10)(A)(ii) (VII) and 1905(o) of the SSA	X				Mandatory for Medicaid Members enrolled in SC HIV/AIDS Waiver (0186.R07.00), SC Mechanical Ventilator Dependent Waiver (40181.R06.00), or SC Community Choices Waiver (0405.R04.00). All other Medicaid members will remain excluded.

State: South Carolina

15. Poverty Level Aged or Disabled	1902(a)(10)(A)(ii)(X) and 1902(m)(1) of the SSA	X				
16. Work Incentive Group	1902(a)(10)(A)(ii)(XIII) of the SSA			X		
17. Ticket to Work Basic Group	1902(a)(10)(A)(ii)(XV) of the SSA			X		
18. Ticket to Work Medically Improved Group	1902(a)(10)(A)(ii)(XVI) of the SSA			X		
19. Family Opportunity Act Children with Disabilities	1902(a)(10)(A)(ii)(XIX) of the SSA	X				
20. Individuals Eligible for State Plan Home and Community-Based Services	§435.219			X		

State: South Carolina

Citation	Condition or Requirement		
Population	V	E	Notes
Other Insurance --Medicaid beneficiaries who have other health insurance		X	
Reside in Nursing Facility or ICF/IID --Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).		X	Exclusion applies to Medicaid beneficiaries who reside in ICF/IID only. SC Medicaid members residing in a Nursing Facility are not excluded.
Enrolled in Another Managed Care Program --Medicaid beneficiaries who are enrolled in another Medicaid managed care program		X	
Eligibility Less Than 3 Months --Medicaid beneficiaries who would have less than three months of Medicaid eligibility remaining upon enrollment into the program		X	
Participate in HCBS Waiver --Medicaid beneficiaries who participate in a Home and Community Based Waiver (HCBS, also referred to as a 1915(c) waiver).		X	Exclusion applies to Medicaid beneficiaries enrolled in SC Community Supports (CS) Waiver (0676.R03.00), SC Head and Spinal Cord Injury (HASCI) Waiver (0284.R06.00), SC Intellectual Disability and Related Disabilities (ID/RD) Waiver (0237.R06.00), and SC Medically Complex Children Waiver (0675.R03.00)
Retroactive Eligibility --Medicaid beneficiaries for the period of retroactive eligibility.		X	
Other (Please define):			

1932(a)(4)

42 CFR 438.54

F. Enrollment Process.

Based on whether mandatory and/or voluntary enrollment are applicable to your program (see E. Populations and Geographic Area and definitions in 42 CFR 438.54(b)), please complete the below:

1. For **voluntary** enrollment: (see 42 CFR 438.54(c))
 - a. Please describe how the state fulfills its obligations to provide information as specified in 42 CFR 438.10(c)(4), 42 CFR 438.10(e) and 42 CFR 438.54(c)(3).

State with voluntary enrollment must have an enrollment choice period or passive enrollment. Please indicate which will apply to the managed care program:

- b. If applicable, please check here to indicate that the state provides an **enrollment choice period**, as described in 42 CFR 438.54(c)(1)(i) and 42 CFR 438.54(c)(2)(i), during which individuals who are subject to voluntary enrollment may make an active choice to enroll in the managed care program, or will otherwise continue to receive covered services through the fee-for-service delivery system.
 - i. Please indicate the length of the enrollment choice period:

TN No. SC 25-0013

Supersedes

TN No. SC 24-0006

Approval Date 2/4/26

Effective Date 01/01/26