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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,

A large black rectangular redaction box covers the signature of James G. Scott.

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 <u>2</u> <u>3</u> — <u>0</u> <u>0</u> <u>1</u> <u>9</u>	2. STATE <u>S</u> <u>C</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
4. PROPOSED EFFECTIVE DATE October 1, 2023	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2024</u> \$ <u>0</u> b FFY <u>2025</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 3 to Attachment 2.6-A, Page 1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 3 to Attachment 2.6-A, Page 1

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

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 435.725; 42 CFR 435.726

9. SUBJECT OF AMENDMENT

This SPA will align the limitations on non-covered medical expenses with the current Medicaid coverage and benefits.

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:
Mr. Kerr was designated by the Governor to review and approve all State Plans.

11. [REDACTED] OFFICIAL

12. TYPED NAME
Robert M. Kerr

13. TITLE
Director

14. DATE SUBMITTED
December 20, 2023

15. RETURN TO
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

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 [REDACTED]
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