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State/Territory Name: South Carolina

State Plan Amendment (SPA) #:15-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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

November 10, 2015

Mr. Christian L. Soura
Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

Re: South Carolina State Plan Amendment 15-009

Dear Mr. Soura:

We have reviewed the proposed South Carolina state plan amendment, SC 15-009, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2015. The purpose of this amendment is to limit allowable pre-eligibility medical expenses applied to reduce recurring income for long term care services to expenses incurred in the three months prior to the month of the Medicaid application.

Based on the information provided, the Medicaid State Plan Amendment SC 15-009 was approved on November 10, 2015. The effective date of this amendment is October 1, 2015. We are enclosing the approved HCFA-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Maria Drake at (404) 562-3697 or Maria.Drake@cms.hhs.gov.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

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

1. TRANSMITTAL NUMBER:
SC 15-009

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
10/1/15

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:
§435.725

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 \$ minimal but unknown at this time
b. FFY 2017 \$ minimal but unknown at this time.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 3 to Attachment 2.6-A, page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 3 to Attachment 2.6-A, page 1

10. SUBJECT OF AMENDMENT: Amend state plan to limit allowable pre-eligibility medical expenses applied to reduce recurring income for long term care services to expenses incurred in the retro period which is three calendar months prior to the Medicaid date of application.

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Christian L. Soura

14. TITLE:
Director

15. DATE SUBMITTED:
September 29, 2015

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: 09-30-15

18. DATE APPROVED: 11-10-15

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
10-01-15

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Jackie Glazed

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children Health Opns

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

LIMITATIONS ON NON-COVERED MEDICAL EXPENSES

The following is a listing of Medical expenses which are allowable deductions from the recipient's monthly recurring income:

- Prescription drugs above the four(4) prescriptions per month limit, not to exceed \$54.00 per additional prescription per month.
- Eyeglasses not otherwise covered by the Medicaid Program, not to exceed a total of \$108.00 per occurrence for lenses, frames and dispensing fee. The necessity for eyeglasses must be certified by a licensed practitioner of optometry or ophthalmology.
- Dentures - A one-time expense, not to exceed \$651.00 per plate or \$1320.00 for one full pair of new dentures. The necessity for dentures must be certified by a licensed dental practitioner. An expense for more than one pair of dentures must be approved by the staff of the South Carolina Department of Health and Human Services (SCDHHS).
- Denture repair which is justified as necessary by a licensed dental practitioner, not to exceed \$77.00 per occurrence.
- Physician and other medical practitioner visits above the 12 visit limit per fiscal year, not to exceed \$69.00 per visit.
- Hearing Aids - A one time expense, not to exceed \$1000.00 for one or \$2000.00 for both. The necessity for a hearing aid must be certified by a licensed practitioner. An expense for more than one hearing aid must be prior approved by the staff of SCDHHS.
- 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 15-009

Supersedes

TN No. SC 06-017

Approval Date: 11-10-15

Effective Date 10/01/15

HCFA ID: 7985E