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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: 17-0019

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

October 30, 2017

Ms. Deirdra Singleton
Acting Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment (SPA), SC 17-0019

Dear Ms. Singleton;

Enclosed is an approved copy of South Carolina's state plan amendment (SPA) 17-0019, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 29, 2017. The purpose of this amendment is to enhance the benefit for immunizations available to adult beneficiaries, more closely aligning coverage with the Center for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommendations.

Based on the information provided, the Medicaid SPA SC 17-0019 was approved on October 30, 2017. The effective date of this amendment is July 1, 2017. We are enclosing the approved HCFA-179 and the plan page.

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

Sincerely,

//s//

Shantrina Roberts
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 17-0019	2. STATE South Carolina
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2017

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: Social Security Act 1905(a)(13)(B)	7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$ 36,000 b. FFY 2018 \$ 143,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Limitation Supplement, Page 3a.1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A Limitation Supplement, Page 3a.1

10. SUBJECT OF AMENDMENT: This plan amendment will align coverage for adult immunizations with the CDC guidelines.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Ms. Singleton was designated by the Governor
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//	16. RETURN TO: South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206
13. TYPED NAME: Deirdra T. Singleton	
14. TITLE: Acting Director	
15. DATE SUBMITTED: September 28, 2017	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 09/29/17	18. DATE APPROVED: 10/30/17
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/17	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Shantrina Roberts	22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations

23. REMARKS:

The following services are excluded from coverage:

- Optometric hypnosis
- Broken appointments
- Special reports
- Progressive and transitional lenses
- Lenses and/or frames that are not included in the Medicaid sample kit
- Extended wear contact lenses
- Oversized lenses or frames, unless medically justified
- Tinted lenses and coatings, unless medically justified, as in the case of albinism or post-cataract patients
- Trifocals
- Executive bifocals, unless medically justified
- Bifocal segment widths in excess of 25 mm unless medically justified

Detail clinical policy is published in the Physician, Laboratories, and Other Medical Professional manual on the South Carolina Department of Health and Human Services website at www.scdhhs.gov.

The South Carolina Department of Health and Human Services may approve additional ambulatory care visits when medically necessary. Limitations will be based on medical necessity.

Preventive Care:

Newborn Care is limited to routine newborn care and follow-up in the hospital. All other well baby services are limited to the provisions defined in the EPSDT section of the plan.

Immunizations for beneficiaries who do not qualify for the Vaccines for Children (VFC) program based on age are limited to those recommended by the Center for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) that are listed as covered services in the Physicians, Laboratories, and Other Medical Professionals Provider Manual. Additional immunization benefits may be available to individuals under the age of 21 through the EPSDT benefit.