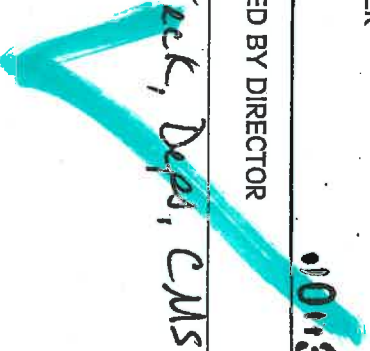


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singletan</i>	DATE <i>3-15-12</i>
------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100370</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Tuck, Dep, CMS & L, Chavis</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4120
Atlanta, Georgia 30303-8909



March 9, 2012

RECEIVED

Mr. Anthony E. Keck, Director

MAR 15 2012

South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: South Carolina Title XIX State Plan Amendment, Transmittal #11-023

Dear Mr. Keck:

We have reviewed South Carolina's State Plan Amendment (SPA) 11-023, which was submitted to the Atlanta Regional Office on December 22, 2011. South Carolina submitted the proposed State Plan Amendment to comply with Section 4107 of the Affordable Care Act to provide coverage of comprehensive tobacco cessation services for pregnant women in Medicaid.

Based on the information provided, we would like to inform you that South Carolina SPA 11-023 was approved on March 5, 2012. The effective date is January 1, 2012. The signed HCFA form 179 and the approved plan pages are enclosed. If you have any questions regarding this amendment please contact Tandra Hodges at (404) 562-7409.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

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

Enclosures

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: SC 11-023	2. STATE South Carolina
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
January 1, 2012

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:

CFR 440.50, and section 4107 of the Patient Protection and Affordable
Care Act P.L. 111-148 which amended Title XIX of the Social Security
Act

7. FEDERAL BUDGET IMPACT:

a. FFY January 1, 2012	\$56,250
b. FFY January 1, 2013	\$75,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A. Limitation Supplement, Page 3a

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

Attachment 3.1-A. Limitation Supplement, Page 3a

10. SUBJECT OF AMENDMENT:

Tabacco Cessation policy for Pregnant Women

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. Keck was designated by the Governor
to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Anthony E. Keck

16. RETURN TO:

South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

14. TITLE:

Director

15. DATE SUBMITTED:

December 20, 2011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

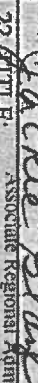
03/05/12

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01/01/12

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Jackie Glaze

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

23. REMARKS:

Approved with the following changes to item 8 and 9 as authorized by State Agency on email dated 02/01/12

Block# 8 changed to read: 3.1-A, pages 2 and 2a

Block# 9 changed to read: 3.1-A, pages 2 and 2a(new)

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4.a. Nursing facility Services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

☒ Provided: ☐ No limitations ☒ With limitations*
1905(a)(4)(C)

c. Family Planning

(i) Family planning services and supplies for individuals of child-bearing age and for individuals (including men) eligible pursuant to Att. 2.2-A, B, if this eligibility option is elected by the State. Family Planning services are available to all Medicaid beneficiaries and include medical and counseling services related to alternatives for birth control, pregnancy prevention services and STI/HIV testing and counseling/education prescribed and rendered by physicians, hospitals, clinics, pharmacies and other Medicaid providers.

☒ Provided ☐ No limitations ☒ With limitations

Please describe any limitation.

- Charges incurred when a beneficiary enters an outpatient facility for sterilization purposes, but then opts out of the procedure
- Colposcopy and biopsy of cervix/vagina
- Removal of contraceptive implants due to medical complications

(ii) Family planning-related services provided under the above State Eligibility Option

d. 1) Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women provided (by):

☒ (i) By or under supervision of a physician;

☒ (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; * or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

*describe if there are any limits on who can provide these counseling services

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

☒ Provided: ☒ No limitations ☐ With limitations *

*Any benefit package that consists of less than four (4) counseling sessions per quit attempt per 12 month period should be explained below.

Please describe any limitations:

TN No. SC 11-023 Approval Date 03/05/12 Effective Date 01/01/12
Supersedes
TN No. SC 10-010

Revision: HCFA-PM-92-3 (MB)
April 1992

ATTACHMENT 3.1-A
Page 2a
OMB NO.:

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.
☒ Provided ☒ with limitations*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).
☒ Provided ☐ No limitations ☒ With limitations*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' Services
☒ Provided ☐ No limitations ☒ With limitations*
☐ Not Provided.

*Description provided on attachment.

TN No. SC 11-023
Supersedes
TN No. New Page Approval Date 03/05/12 Effective Date 01/01/12