

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|--------------------------------|------------------------|
| TO <i>Singleton / Chans</i> | DATE <i>10/8/14</i> |
|--------------------------------|------------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|---|---|
| 1. LOG NUMBER <i>000133</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>CC: Deps, Kost</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 |
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| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

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

December 2, 2014

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

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment, SC 14-017

Dear Mr. Soura:

We have reviewed the proposed State Plan Amendment, SC 14-017, at the Atlanta Regional Office on September 25, 2014. This state plan amendment updates the coverage criteria for Preventative Services.

Based on the information provided, the Medicaid State Plan Amendment SC 14-017 was approved on December 2, 2014. The effective date of this amendment is September 1, 2014. We are enclosing the approved HCFA-179 and the plan pages.

A companion letter is also being issued with this approval to address concerns related to the "Preventive Services for Primary Care Enhancement" (PSPCE) on page 6.1-A, Attachment 3.1-A, Limitation Supplement.

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

RECEIVED

DEC 08 2014

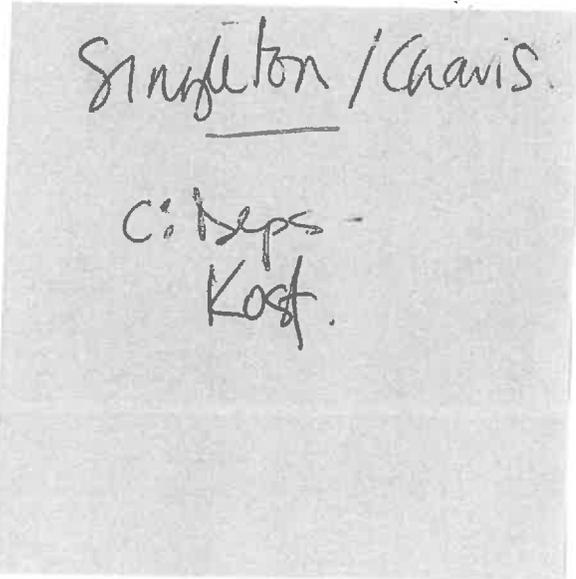
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Sincerely,

Jackie Glaze

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 14-017

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
September 1, 2014

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:
42 CFR 440.130

7. FEDERAL BUDGET IMPACT:
a. FFY 2014 \$167,000
b. FFY 2015 \$2,000,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A Limitation Supplement, Page 6, 6.1 & 6.1a (new page)

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

Attachment 3.1-A Limitation Supplement, Page 6 & 6.1

10. SUBJECT OF AMENDMENT:

Update coverage criteria for Preventative Services. This change will update and expand the services that are covered as a preventative benefit.

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

14. TITLE:

Director

15. DATE SUBMITTED:

September 24, 2014

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 09-25-14

18. DATE APPROVED: 12-02-14

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
09-01-14

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Jackie Glaze

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

23. REMARKS:

GENERAL EXCLUSIONS: As provided by Section 1927(d) of the Social Security Act, certain outpatient drugs may be excluded from coverage. Those excluded are:

- A. Medications used for weight control (except lipase inhibitors).
- B. Pharmaceuticals deemed less than effective by the Drug Efficacy Study Implementation (DESI) Program.
- C. Over-the-counter (OTC) pharmaceuticals that are not in the Medicaid drug rebate program and those products that are otherwise excluded from Medicaid coverage in this section.
- D. Topical forms of minoxidil when used for hair loss.
- E. Agents when used to promote fertility. (Effective March 1, 1991)

As provided by Section 1927(k) (2) of the Social Security Act, certain other exclusions are:

- F. Investigational/experimental pharmaceuticals or products without FDA approval under the Federal Food, Drug, and Cosmetic Act.

As provided by Section 1927(k) (3) of the Social Security Act, certain other exclusions are:

- G. Injectable table pharmaceuticals administered by the physician in his office, in a clinic or in a mental health center.

Drug Prior Authorizations can be requested by the prescribing physician or pharmacist with needed documentation for items excluded from coverage and those drugs requiring special authorization as outlined in the Pharmaceutical Services Medicaid Manual, except those drugs ruled ineffective (DESI) by the Federal Government.

- 12c. PROSTHETIC OR ORTHOTIC APPLIANCES. Approval from the State Office is required prior to the provision of the prosthetic or orthotic appliance. Supplies, equipment, and appliance limitations are specified in the Durable Medical Equipment Provider Manual, and follow Medicare limitations.
- 12d. EYEGLASSES Coverage for eyeglasses will be limited to recipients under 21 years of age when medical necessity has been established. One pair of eyeglasses is available during a 365 day period to beneficiaries eligible under the EPSDT program. Additional lenses can be approved if the prescription changes at least one half diopter (0.50) during the 365 day period.
- 13c. Preventive Services are defined as routine services for adults or children when the procedures are performed in the absence of an illness or complaint(s). Preventative services are subject to certain limitations depending on age, risk factors, and frequency. These best practice recommendations are subject to change as regulations and future clarifications are released by the USPSTF.

| | Description |
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| Abdominal aortic aneurysm screening: men | The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked. |
| Alcohol misuse: screening and counseling | The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. |
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| Breast cancer screening | The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older. |
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| Cholesterol abnormalities screening: men 35 and older | The USPSTF strongly recommends screening men age 35 years and older for lipid disorders. |
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| Depression screening: adolescents | The USPSTF recommends screening adolescents (ages 12-18 years) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up. |
| Depression screening: adults | The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up. |
| Diabetes screening | The USPSTF recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg. |
| Hepatitis C virus infection screening: adults | The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965. |

SC: 14-017
 EFFECTIVE DATE: 09/01/14
 RO APPROVAL: 12-02-14
 SUPERSEDES: SC 11-020

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13c. PREVENTIVE SERVICE FOR PRIMARY CARE ENHANCEMENT

A. Definition of Service - Preventive Services for Primary Care Enhancement (PSPCE) are services, including assessment and evaluation, furnished by physicians or other licensed practitioners of the healing arts acting within the scope of practice under State law which are furnished in order to:

- Prevent disease, disability, and other health conditions or their progression;
- Prolong life; and
- Promote physical and mental health and efficiency.

SC: 14-017
 EFFECTIVE DATE: 09//01/14
 RO APPROVAL: 12-02-14
 SUPERSEDES: New Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 2, 2014

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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,

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

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 14-017 | 2. STATE South Carolina |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | 4. PROPOSED EFFECTIVE DATE September 1, 2014 | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | | |

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)

| | |
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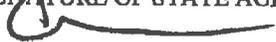
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- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

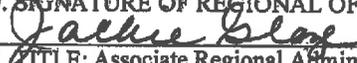
OTHER, AS SPECIFIED:
Mr. Keck was designated by the Governor to review and approve all State Plans

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | 16. RETURN TO: South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, South Carolina 29202-8206 |
| 13. TYPED NAME: Anthony E. Keck | |
| 14. TITLE: Director | |
| 15. DATE SUBMITTED: September 24, 2014 | |

FOR REGIONAL OFFICE USE ONLY

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|-----------------------------|-----------------------------|
| 17. DATE RECEIVED: 09-25-14 | 18. DATE APPROVED: 12-02-14 |
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PLAN APPROVED - ONE COPY ATTACHED

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| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 09-01-14 | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME: Jackie Glaze | 22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Opns |
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SC: 14-017
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