


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Mells</i>	DATE <i>1-25-10</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>0001314</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Fortney, Deps</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 St., Suite 41720
Atlanta, Georgia 30303-8909



January 19, 2010

RECEIVED

JAN 25 2010

Ms. Emma Forkner, Director
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 #09-009

Dear Ms. Forkner:

This is a follow up to the approval letter that you should have received from Mr. Larry Reed, Director, Division of Pharmacy and Center for Medicare & Medicaid Services, dated January 14, 2010. Enclosed is a copy of the approval letter, the signed HCFA-179 and the approved plan page.

The effective date of this amendment is October 1, 2009.

Sincerely,

Mary Kaye Justis, RN, MBA.
Acting 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 09-0092. STATE
South Carolina3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR

HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
October 1, 20095. TYPE OF PLAN MATERIAL (*Check One*):☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1935 (d)(2) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2009 \$0
b. FFY 2010 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1.A.1, pages 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1.A.1, pages 3

10. SUBJECT OF AMENDMENT:

To correct excluded drug coverage and clarifies our policy regarding the elimination of coverage of antitussive/expectorant and cough/cold medications for primary Medicaid and Dual eligible beneficiaries.

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:
Ms. Forkner was designated by the Governor
to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Emma Forkner

16. RETURN TO:

South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-820613. TYPED NAME:
Emma Forkner14. TITLE:
Director15. DATE SUBMITTED:
December 1, 2009

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
12/01/0918. DATE APPROVED:
01/14/10

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/01/09

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Mary Kaye Justis, RN, MBA

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

23. REMARKS:

Approved with following changes as authorized by State Agency on email dated 01/06/10:

Block #8- Attachment 3.1-A.1, pages 3 changed to read: Attachment 3.1-A.1, page 3.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency South Carolina Department of Health and Human Services

MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED
OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

Citation (s)	Provision (s)
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1927(d)(2) and 1935(d)(2)	<input type="checkbox"/> (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)
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<input checked="" type="checkbox"/>	(h) barbiturates (see specific drug categories below)
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<input checked="" type="checkbox"/>	(i) benzodiazepines (see specific drug categories below)
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<input checked="" type="checkbox"/>	(j) smoking cessation, except dual eligibles as Part D will cover (see specific drug categories below)
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(The Medicaid agency lists specific category of drugs below)

(a) South Carolina Medicaid will only cover lipase inhibitors

(e) All categories of rebateable vitamins and mineral products, including prenatal vitamins and fluoride

(f) Over the counter (OTC) pharmaceuticals that are in the Medicaid drug rebate program

(h) All categories of rebateable barbiturates.

(i) All categories of rebateable benzodiazepines.

(j) All categories of rebateable smoking cessation products

 No excluded drugs are covered.

TN No. SC 09-009
Supersedes
TN No. SC 09-001

Approval Date: 01-14-10 Effective Date 10/01/09

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Center for Medicaid & State Operations

Disabled and Elderly Health Programs Group

January 15, 2010

Ms. Emma Forkner
Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Dear Ms. Forkner:

We have reviewed South Carolina's State Plan Amendment (SPA) 09-009 received in the Atlanta Regional Office on December 2, 2009 and we are pleased to inform you that it is approved, effective October 1, 2009. Under this amendment, South Carolina revises its State plan to assure consistency and clarity regarding coverage for smoking cessation and over-the-counter drugs. This amendment provides safeguards to assure that Medicaid beneficiaries will continue to have access to appropriate drugs.

The Atlanta Regional Office will forward to you a copy of the CMS-179 form, as well as the pages approved for incorporation into the South Carolina Medicaid State Plan. If you have any questions regarding this amendment, please contact Bernadette Leeds at (410) 786-9463.

Sincerely,

/s/

Larry Reed
Director
Division of Pharmacy
Disabled & Elderly Health Programs Group

c: Mary Kaye Justis, Acting ARA, Atlanta Regional Office
Tandra Hodges, Atlanta Regional Office
Darlene Noonan, Atlanta Regional Office
Mary Holly, Atlanta Regional Office