

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>0011314</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 <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	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,

A handwritten signature in black ink, appearing to read "Mary Kaye Justis". The signature is fluid and cursive.

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**

1. TRANSMITTAL NUMBER:  
SC 09-009

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  
October 1, 2009

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:

7. FEDERAL BUDGET IMPACT:

Section 1935 (d)(2) of the Social Security Act  
(2) COVERAGE OF CERTAIN EXCLUDABLE DRUGS

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

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*if applicable*):

Attachment 3.1.A.1, pages 3

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:

16. RETURN TO:

*Emma Forkner*

13. TYPED NAME:  
Emma Forkner

14. TITLE:  
Director

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

15. DATE SUBMITTED:  
December 1, 2009

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
12/01/09

18. DATE APPROVED:  
01/14/10

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

10/01/09

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.



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**

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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