

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO	DATE
<i>Singleton/Charis</i>	<i>4-5-14</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <p align="center" style="font-size: 1.2em;"><i>000400</i></p>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <hr/> <i>cc: Mr. Keck, Kost, Deps, CMS file</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  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

FEB 07 2013

**RECEIVED**

JUN 05 2014

Anthony E. Keck  
Director  
South Carolina Department of Health and Human Services  
P.O. Box 8206  
Columbia, South Carolina 29202-8206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

We have reviewed South Carolina State Plan Amendment (SPA) 12-020 received in the Atlanta Regional Office on December 28, 2012. Under this SPA, the state proposes changes in pharmacy coverage as required by Section 175 of the Medicare Improvement for Patients and Providers Act of 2008 which amended section 1860D-2(e)(2)(A) of the Act to include barbiturates "used in the treatment of epilepsy, cancer, or a chronic mental health disorder" and benzodiazepines in Part D drug coverage effective as of January 1, 2013.

We are pleased to inform you that South Carolina SPA 12-020 is approved, effective January 1, 2013. 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,

A handwritten signature in black ink that reads "Kim Howell". The signature is written in a cursive style and is positioned above the typed name of the sender.

Larry Reed  
Director  
Division of Pharmacy

cc: Jackie Glaze, ARA, Atlanta Regional Office  
Maria Drake, Atlanta Regional Office  
Elizabeth Hutto, South Carolina Department of Health and Human Services  
Valeria Williams, South Carolina Department of Health and Human Services

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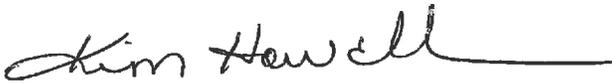
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