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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: SC-25-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 9, 2026

Eunice Medina, Director
South Carolina Department of Health & Human Services
P.O. Box 8206
Columbia, SC 29202-8206

Re: South Carolina State Plan Amendment (SPA) - 25-0001

Dear Director Medina:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0001. This amendment updates the South Carolina State Plan for compliance with the mandatory requirements set forth in Section 5121 of the Consolidation Appropriations Act, 2023 (CAA, 2023), aimed at facilitating community reintegration for incarcerated youth.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations § 1902(a)(84), § 1905(a)(19) of the Social Security Act, and 42 CFR § 440.169. This letter informs you that South Carolina's Medicaid SPA TN 25-0001 was approved on October 7, 2026, with an effective date of January 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the South Carolina State Plan.

If you have any questions, please contact Vanessa Jefferies at (410) 786-6412 or via email at Vanessa.Jefferies@cms.hhs.gov.

Sincerely,

MEGAN K.
BUCK -S

Digitally signed by MEGAN K.
BUCK -S
Date: 2026.10.09 07:56:11
-05'00'

Megan K. Buck
Director, Division of Program Operations

Enclosures

cc: Sheila Chavis
Margaret Alewine
Brad Livingston
Jordan Desai

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 2 5 — 0 0 0 1	2. STATE S C
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT ☒ XIX ☐ XXI	
5. FEDERAL STATUTE/REGULATION CITATION ~~§ 1902(a)(84), § 1905(a)(19) of the Social Security Act; and 42 CFR § 440.169~~ ~~Sect. 1902(a)(84)(D); 42 CFR 441.18(a)(8)(i) and 441.18(a)(9)~~		4. PROPOSED EFFECTIVE DATE January 1, 2025	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 6a.1 Attachment 2.6-A, page 3a Attachment 3.1-M, pages 1, 2 (New) Supplement 1 to Attachment 3.1-A, pages 1i, 1i.1, 1i.2, 1i.3, 1i.4, 1i.5, 1i.6 (New)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2025 \$ 0 b. FFY 2026 \$ ~~30,287~~ 0	
9. SUBJECT OF AMENDMENT This SPA will update the SC State Plan to come into compliance with the mandatory requirements set forth in the CAA, 2023.		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 6a.1 Attachment 2.6-A, page 3a	

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

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206
12. TYPED NAME Eunice Medina	
13. TITLE Director	
14. DATE SUBMITTED March 28, 2025	

FOR CMS USE ONLY	
16. DATE RECEIVED March 28, 2025	17. DATE APPROVED October 7, 2026

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2025	19. SIGNATURE OF APPROVING OFFICIAL MEGAN K. BUCK -S
20. TYPED NAME OF APPROVING OFFICIAL Megan K. Buck	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

On January 9, 2026, via email, South Carolina authorized a pen and ink change to remove the entire citation listed in block 5 and replace it with § 1902(a)(84), § 1905(a)(19) of the Social Security Act; and 42 CFR § 440.169.

On August 21, 2026, via OneMAC and email, South Carolina authorized a pen and ink change to add page 6a.1 of Attachment 4.19-B to block 7 and 8.

On September 9, 2026, via email, South Carolina authorized a pen and ink change to update the amount for FFY 2026 in block 6 from \$30,287 to \$0.

State/Territory: South Carolina

Citation	Condition or Requirement
42 CFR 435.1008	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities and intermediate care facilities for individuals with intellectual disability, or publicly operated community residences that serve no more than 16 residents, or certain childcare institutions. b. Effective 1/1/2025 and as per Section 5121 of the Consolidated Appropriations Act, 2023 (P.L. 117-328), this exclusion does not apply to eligible juveniles as defined in 1902(n) of the Social Security Act (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication.
42 CFR 435.1008 1905(a) of the Act	c. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program. ☐ Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
42 CFR 433.145 1912 of the Act	6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

State Plan under Title XIX of the Social Security Act**State/Territory:** Click or tap here to enter text. South Carolina**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution **following adjudication**, and for at least 30 days following release.

Post Release TCM Period beyond 30 day post release minimum requirement:

☐ State will provide TCM beyond the 30 day post release requirement. **[explain]:** Click or tap here to enter text.

Areas of State in which services will be provided (§1915(g)(1) of the Act):

☒ Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

☒ Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: SC 25-0001Supersedes TN: NewApproval Date: 10/07/26Effective: 01/01/25

State Plan under Title XIX of the Social Security Act

State/Territory: Click or tap here to enter text. South Carolina

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

The periodic reassessment is conducted every (check all that apply):

- ☒ 1 month
- ☐ 3 months
- ☐ 6 months
- ☐ 12 months
- ☐ Other frequency **[explain]:** Click or tap here to enter text.

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities are:
activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

- services are being furnished in accordance with the individual's care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Frequency of additional monitoring:

Specify the type and frequency of monitoring (check all that apply)

- ☒ Telephonic. Frequency: Click or tap here to enter text. Weekly
☒ In-person. Frequency: Click or tap here to enter text. Monthly
☐ Other **[explain]**: Click or tap here to enter text.

☒ Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.
(42 CFR 440.169(e))

☒ If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]

Click or tap here to enter text.

The provider agency/entity must have:

1. An established system to coordinate services for Medicaid eligible individuals who may be covered under another program which offers components of case management or coordination similar to TCM (i.e., Managed Care, Child Welfare Services, as well as State waiver programs);
2. Demonstrated programmatic and administrative experience in providing comprehensive case management services and the ability and capability to differentiate Targeted Case Management services to be provided to the target group;
3. Staff with case management qualifications;
4. Established referral systems, demonstrated linkages, and referral ability with essential social and health service agencies;
5. A minimum of three years providing comprehensive case management services to the target group;
6. Demonstrated administrative capacity to ensure quality services in accordance with state and federal requirements;
7. Complied with all State licensing and practice requirements, as per the S.C. Code of laws, that apply to the service;
8. Demonstrated financial management capacity and system that provides documentation of services and costs in accordance with federal laws;
9. Established system to document and maintain individual case records in accordance with state and federal requirements;
10. Demonstrated ability to meet state and federal requirements for documentation, billing and audits;
11. Demonstrated ability to evaluate the effectiveness, accessibility, and quality of TCM services on a community-wide basis;
12. Been recognized as a business or non-profit in good standing by local municipality or the state of South Carolina; and
13. Demonstrated ability to secure and store all records in-state or within 25 miles of the South Carolina border.

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State Plan under Title XIX of the Social Security Act

State/Territory: Click or tap here to enter text. South Carolina

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILESFreedom of choice (42 CFR 441.18(a)(1)):☒ The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):☐ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services below.]

Click or tap here to enter text.

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State Plan under Title XIX of the Social Security Act**State/Territory:** Click or tap here to enter text. South Carolina**TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES**Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):☒ The state assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):☒ The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.Case Records (42 CFR 441.18(a)(7)):☒ The state assures providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.Limitations:☒ The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

☐ State has additional limitations **[Specify any additional limitations.]**

Click or tap here to enter text.

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**Mandatory Coverage for
Eligible Juveniles who are
Inmates of a Public Institution
Post Adjudication of Charges**

State/Territory: South Carolina

General assurances. State must indicate compliance with all four items below with a check.

☒ In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

☒ In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

☒ In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

☒ The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

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Additional information provided (optional):

☐ No

☒ Yes [provide below]

Click or tap here to enter text.

The state may determine that it is not feasible to provide the required services during the pre-release period in certain carceral facilities (e.g., identified local jails, youth correctional facilities, and state prisons) and/or certain circumstances (e.g., unexpected release of short-term stays). The state will maintain clear documentation in its internal operational plan regarding each facility and/or circumstances where the state determines that it is not feasible to provide for the required services during the pre-release period. This information is available to CMS upon request. Services will be provided post-release, including mandatory 30-days of targeted case management, screening, and diagnostic services.

The State will maintain clear documentation in its internal operational plan indicating which carceral facility/facilities are furnishing required services during the pre-release period but not enrolling in or billing Medicaid. This information is available to CMS upon request.

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19. Targeted Case Management (TCM) services are provided to Medicaid eligible recipients determined to meet the criteria of the following: Individuals with Intellectual and Related Disabilities, At Risk Children, Children under age 21 in a Carceral Entity, Adults with Serious and Persistent Mental Illness, At Risk Pregnant Women and Infants, Individuals with Psychoactive Substance Disorder, Individuals at Risk for Genetic Disorders, Individuals with Head and Spinal Cord Injuries and Similar Disabilities, Individuals with Sensory Impairments, and Adults with Functional Impairments. These criteria are located in Supplement 1 to Attachment 3.1-A.

The specific targeted case management services to be provided under this section of the state plan are as follows:

- 1) Comprehensive assessment and reassessment,
- 2) Development and revision of care plan,
- 3) Referral activities,
- 4) Monitoring and follow-up.

TCM for the above populations can be provided by governmental or private providers. In order to develop the Medicaid payment rate, the Medicaid Agency employed the following reimbursement methodology:

1. **Personnel Costs:**

Governmental Providers: We obtained, from the eight state agencies that provide targeted case management for their populations, the personnel classifications (from the South Carolina Office of Human Resources (SCOHR) Classifications Manual) of the case managers and their supervisors employed in their agency. We obtained from the South Carolina Office of Human Resources, effective July 2011, the compensation ranges, specifically the salary midpoint, for each classification title reported by these agencies as performing case manager or case management supervision services.

Private Providers: We obtained from the May 2010 "OES State Occupational Employment and Wage Estimate" classification titles (and average salaries) that were similar in description to those titles used by governmental providers for case managers.

The average salary data per classification title for the private provider's noted above along with the salary midrange per classification title for the governmental providers were averaged to obtain the base annual salary cost recognized in the determination of an hourly rate for TCM services.

- 1a Programmatic Supervision - The determination of the allowable programmatic supervision salary add-on is calculated as follows:

- 1) the annual salary midpoint for each classification title reported by the governmental providers as case management supervisors were averaged to obtain the base annual salary cost recognized for case management supervision,

SC 25-0001

EFFECTIVE DATE: 01/01/25

APPROVAL DATE: 10/07/26

SUPERSEDES: SC 12-001