

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton/Chavis</i>	DATE <i>3-5-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000305</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Keck, Kpsl, Dept, 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 (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
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

February 24, 2014

Mr. Anthony E. Keck
Director
South Carolina Department of Health and Human Services (SCDHHS)
Post Office Box 8206
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment, SC 13-025

Dear Mr. Keck:

We have reviewed the proposed State Plan Amendment, SC 13-025, which was submitted to the Atlanta Regional Office on December 30, 2013. This amendment adds coverage of optional reasonable classification of children as an "other" classification under 42 CFR 435.222 and covers 2101(f)-like children under Medicaid.

Based on the information provided, the Medicaid State Plan Amendment SC 13-025 was approved on February 21, 2014. The effective date of this amendment is December 31, 2013. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Rita E. Nimmons at (404) 562-7415 or rita.nimmons@cms.hhs.gov.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

Jackie Glaze
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

**TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

1. TRANSMITTAL NUMBER:
13-025

2. STATE
South Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
December 31, 2013

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:
42CFR435.222

7. FEDERAL BUDGET IMPACT:

a. FFY 2013 \$

b. FFY 2014 \$ The state is unable to estimate the
increased cost for this amendment FFY 12 and FFY 14

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, page 13a
Supplement 1 to Attachment 2.2-A, page 1
Supplement 8a to Attachment 2.6-A, page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 2.2-A, page 13a
Supplement 1 to Attachment 2.2-A, page 1
Supplement 8a to Attachment 2.6-A, page 1

10. SUBJECT OF AMENDMENT:

To add coverage of this new optional reasonable classification of children as an "other" classification under 42 CFR 435.222

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:
December 30, 2013

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
12/30/13

18. DATE APPROVED: 02-21-14

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
12/31/3

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Jackie Glaze

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

23. REMARKS:

Approved with the following changes as authorized by the state agency email dated 02/20/14.

Block #8 changed to read: Supplement 1 to Attachment 2.2-A page 1, 2.2-A page 13a and Supplement 8a to attachment 2.6-A page 1.1.

Block #9 changed to read: Supplement 1 to Attachment 2.2-A page 1, 2.2-A page 13a.

Revision: HFCA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.2-A
Page 1
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State South Carolina

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER
THE AGE OF 21, 20, 19, AND 18

42 CFR 435.222 REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER
THE AGE OF 21, 20, 19, AND 18

2101(f)-Like Children: Children under age 19 who were enrolled in Medicaid 12/31/2013 and would otherwise become ineligible for Medicaid at their first redetermination using MAGI methodologies solely due to the loss of income disregards will remain Medicaid eligible until their next redetermination using MAGI methodologies.

TN No. SC 13-025

Supersedes

TN No. MA 92-07

Approval Date 02-21-14

Effective Date 12/31/13

HCFA ID: 7984E

Revision: HFCA-PM-91-4 (BPD)
August 1991

Attachment 2.2-A
Page 13a
OMB NO.: 0938-

State South Carolina

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

_____ (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of _____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.

X (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. SC 13-025
Supersedes
TN No. MA 92-07

Approval Date 02-21-14

Effective Date 12/31/13

HFCA ID: 7984E

Revision: HCFA-PM-91-4
August 1991

(BPD)

SUPPLEMENT 8a to ATTACHMENT 2.6-A
Page 1.1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT*

☐ Section 1902(f) State ☒ Non-Section 1902(f) State

- f. Disregard all income for the 2101(f)-like reasonable classification of children described at Supplement 1 to Attachment 2.2-A page 1.

TN NO. SC 13-025

Supersedes:

Approval Date: 02-21-14

Effective Date: 12/31/13

TN No. New Page