

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Floyd</i>	DATE <i>4-2-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000508</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	<input type="checkbox"/> FOIA DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forkner, Deps, Jacobs</i>		<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.			

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Administrator
Washington, DC 20201

MAR 28 2008

RECEIVED

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Emma Forkner
Director
South Carolina Department of Health
and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

Dear Ms. Forkner:

We are pleased to inform you that the State Children's Health Insurance Program (SCHIP) State plan amendment (SPA) submitted October 4, 2007, with additional information provided on February 22, 2008, has been approved.

This amendment expands eligibility by creating a separate child health program for children ages newborn to age 19, in families with incomes above 150 percent of the Federal poverty level (FPL) but at or below 200 percent of the FPL, and with family resources of less than \$30,000. These children may not have creditable health insurance coverage or have voluntarily dropped such insurance within 3 months prior to the date of application. The benefit package to be provided is Secretary-approved coverage, including the State Health Plan benefit package for State employees and their dependents, with the addition of prenatal coverage for children. The State will provide all services through managed care organizations, except dental services, which will be provided on a fee-for-service basis. There are no premiums, deductibles, or co-payments for these children.

The program has a retroactive effective date of October 1, 2007. The State will begin enrolling children in May 2008.

Your title XXI project officer is Ms. Nancy Dieter. She is available to answer questions concerning this amendment and other SCHIP-related issues. Ms. Dieter's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and State Operations
Mail Stop S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-7219
Facsimile: (410) 786-5882
E-mail: Nancy.Dieter@cms.hhs.gov

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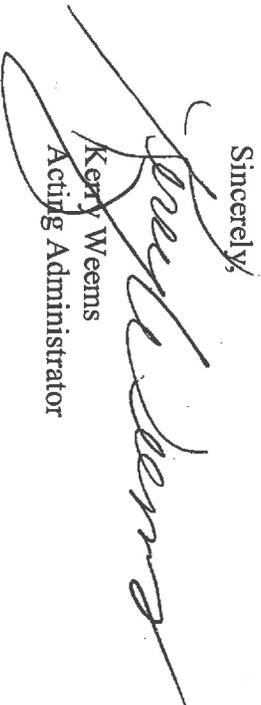
Official communications regarding program matters should be sent simultaneously to Ms. Dieter and to Mr. Jay Gavens, Acting Associate Regional Administrator in our Atlanta Regional Office. Mr. Gavens' address is:

Centers for Medicare & Medicaid Services
Division of Medicaid and Children's Health Operations
Atlanta Regional Office
61 Forsyth Street SW., Suite 4T20
Atlanta, GA 30303-8909

If you have additional questions, please contact Ms. Susan Cuerdon, Acting Director, Family and Children's Health Programs Group, Center for Medicaid and State Operations, at (410) 786-5647.

We look forward to continuing to work with you and your staff.

Sincerely,



Kerry Weems
Acting Administrator

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cc: CMS Region IV Office