

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. LOC NUMBER  <i>000508</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR  <i>cc: Ms. Fortney, Dep, Jacobs</i> <i>W</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.			

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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <div style="text-align: center; font-size: 1.2em;">000508</div>	<input type="checkbox"/> Prepare reply for the Director's signature <div style="text-align: right;">DATE DUE _____</div> <input type="checkbox"/> Prepare reply for appropriate signature <div style="text-align: right;">DATE DUE _____</div> <input type="checkbox"/> FOIA <div style="text-align: right;">DATE DUE _____</div> <input checked="" type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR <div style="text-align: center; font-size: 1.5em;">cc: Ms. Forkner, Deps, Jacobs</div> 	

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

*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](mailto:Nancy.Dieter@cms.hhs.gov)

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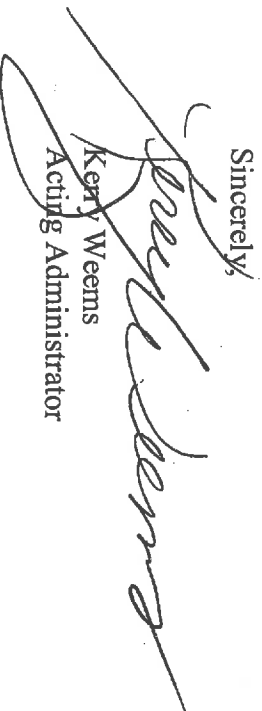
Official communications regarding program matters should be sent simultaneously to Ms. Dieter and to Mr. Jay Gavens, Acting Associate Regional Administrator in our Atlanta Regional Office. Mr. Gavens' address is:

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,

A handwritten signature in black ink, appearing to read "Kent Weems", is written over a horizontal line. The signature is fluid and cursive.

Kent Weems  
Acting Administrator

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cc: CMS Region IV Office