


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

ACTION REFERRAL

TO	DATE
Wells	10-29-10

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	100197	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	cc: Ms. For Kner, CMS file Jacobson	<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
61 Forsyth Street, SW, Suite 4120
Atlanta, Georgia 30303-8909



October 21, 2010

RECEIVED

OCT 29 2010

Ms. Emma Forkner, Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: South Carolina Title XIX State Plan Amendment, Transmittal #10-003

Dear Ms. Forkner:

We have reviewed South Carolina's State Plan Amendment (SPA) 10-003, which was submitted to the Atlanta Regional Office on July 29, 2010. This amendment impacts the State's CHIP Healthy Connections Kids (HCK) coverage group. Specifically, South Carolina plans to convert your stand-alone CHIP program to the current Medicaid/CHIP expansion. The FPL will not change during this conversion, and the title XIX program will cover families up to 200% of the FPL.

Based on the information provided, we are pleased to inform you that South Carolina SPA 10-003 was approved on October 19, 2010. The effective date is October 1, 2010. The signed CMS-179 and the approved plan pages are enclosed. If you have any questions regarding this amendment, please contact Tandra Hodges at (404) 562-7409.

Sincerely,

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**1. TRANSMITTAL NUMBER:
SC 10-0032. STATE
South Carolina3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR

4. PROPOSED EFFECTIVE DATE

HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

October 1, 2010

5. TYPE OF PLAN MATERIAL (*Check One*):☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)6. FEDERAL STATUTE/REGULATION CITATION:
1902(a)(10)(A)(ii)(XIV) of The Act

7. FEDERAL BUDGET IMPACT:

a. FFY 09-10

\$135,932,984

b. FFY 10-11

\$92,181,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 2.2-A, Page 23b

Attachment 2.2-A, Page 23b

10. SUBJECT OF AMENDMENT:

To convert our stand-alone CHIP program, Healthy Connections Kids (HCK), to our current Medicaid/CHIP Expansion using the same income limits to revise our Children's Health Insurance Program (CHIP) State Plan amendment.

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:Ms. Forkner was designated by the
Governor to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

*Emma Forkner*13. TYPED NAME:
Emma Forkner

South Carolina Department of Health and Human Services

Post Office Box 8206

Columbia, South Carolina 29202-8206

14. TITLE:
Director15. DATE SUBMITTED:
July 29, 2010**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 07/29/10

18. DATE APPROVED: 10/19/10

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: 10/01/09
Jackie Glaze22. TITLE: *Jackie Glaze*
Associate Regional Administrator
Division of Medicaid & Children's Health Ops

23. REMARKS:

Approved with following changes as authorized by State Agency on email dated 09/24/10:

Block #7a and 7b changed to read: FFY 11 \$ N/C and 7b FFY 12 \$ N/C.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State South Carolina

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a) (10) (A)
(ii) (XIV) of the Act

X 19. Optional Targeted Low Income Children who:

a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);

b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in \$1902 (1) (2) (D) ;

c. have family income at or below:

200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in \$2110(b) (4) of the Act) but by no more than 50 percentage points.

The State covers:

X All children described above who are under age 19 (18, 19) with family income at or below 200 percent of the Federal poverty level.