

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

ACTION REFERRAL

TO <i>Singleton/Chavis</i>	DATE <i>4-7-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000351	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Kost, Deps, CMS file cleared 11/24/15, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-5-14</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input 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

April 04, 2014

Mr. Anthony E. Keck, Director
Department of Health and Human Services
P.O. Box 8206
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

RE: State Plan Amendment (SPA) 14-002

Dear Mr. Keck:

We reviewed the proposed amendment submitted under transmittal number SC 14-002. This plan amendment proposes to provide Medicaid coverage of outpatient rehabilitative services provided in a rehabilitative hospital setting with an effective date of April 1, 2014. Specifically, this plan amendment proposes an outpatient multiplier of .93 to be paid to Comprehensive Outpatient Rehabilitation Facilities providing outpatient hospital therapy services such as physical, occupational and speech therapies. Before we can continue processing this amendment, we need additional or clarifying information.

General Comments/Questions

1. Pending SPA SC 14-002 revises material that is currently pending in SPA SC 13-022. We cannot take action on SC 14-002 until all our concerns for the previous amendment is resolved. In addition, any changes made to SC 13-022 should be included in SC 14-002.

HCFA 179

2. Please provide appropriate budget impact for federal fiscal years (FFY) 2014 and 2015, along with supporting calculations. Also provide a pen/ink authorization to include the appropriate dollar amount on the HCFA 179 form.

Public Notice

3. Affidavit of Publication was provided for two of the three public notices. Please provide the Affidavit of Publication for the Greenville News.

RECEIVED

APR 07 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Anthony E. Keck

Page 2

Tribal Consultation

4. Based on your tribal question responses, SC advised that Chief Bill Harris was not in attendance for the Medical Care Advisory Committee (MCAC) meeting on 11/05/2013. Please provide the date/actual documents which were shared with Chief Harris.

We are requesting this additional/clarifying information under provisions of section 1915(f) of the Social Security Act (added by PL 97-35). This has the effect of stopping the 90-day clock for CMS to take action on the material, which would have expired on June 26, 2014. A new 90-day clock will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, if we have not received the state's response to our request for additional information within 90 days from the date of this letter, we will initiate disapproval action on the amendment. In addition, because this amendment was submitted after January 2, 2001 and is effective after January 1, 2001, please be advised that we will continue to defer federal financial participation (FFP) for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available for the period beginning with the effective date through the date of approval.

We ask that you respond to this RAI via the Atlanta Regional Office SPA/Waiver e-mail address at SPA Waivers Atlanta R04@cms.hhs.gov. The original signed response should also be sent to the Atlanta Regional Office.

If you have any questions, please contact Cheryl Wigfall at (803) 252-7299 or Michelle White at (404) 562-7328.

Sincerely,



Jackie Glaze
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

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

RECEIVED

APR 09 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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P.O. Box 8206
Columbia, South Carolina 29202-8206

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General Comments/Questions

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Mr. Anthony E. Keck

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Sincerely,



Jackie Glaze
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

FY 2014

Log # 124 + 35



Nikki R. Haley GOVERNOR
Christian L. Soura DIRECTOR
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

November 24, 2015

Ms. Jackie L. Glaze
Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303-8909

Re: South Carolina Title XIX State Plan Amendment SC 14-002

Dear Ms. Glaze:

The South Carolina Department of Health and Human Services would like to withdraw State Plan Amendment 14-002 that was submitted to the Centers for Medicare and Medicaid Services on March 28, 2014. This plan amendment would have provided Medicaid coverage of outpatient rehabilitative services delivered in a free standing rehabilitative hospital setting.

If you have any questions, please contact Jeff Saxon at (803) 898-1023 or Sheila Chavis at (803) 898-2707.

Sincerely,

Christian L. Soura
Director

CLS/dssc

Log # 124
+ 351

Brenda,

This letter closes
Log # 000351. This
was a withdrawal
letter for SPA 14-002;
therefore CMS returned
our entire SPA packet
that was logged as
000124. This letter
should probably be
attached to 000124
as well.

Thanks
Shuis