

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

EA

TO <i>Hutto/Chavis</i>	DATE <i>7-9-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000014</i>	<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</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.			

**RECEIVED**

**Brenda James**

JUL 09 2014

Can't find in  
System... Keep  
may need to log  
7-3-14

**From:** Sheila Chavis  
**Sent:** Friday, June 27, 2014 5:00 PM  
**To:** Brenda James  
**Cc:** Sheila Chavis  
**Subject:** FW: SPA SC-13-0020 - Approval  
**Attachments:** SC-13-0020\_Approval.pdf

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

Brenda,

I can't seem to find this log and I remember getting this approval packet because it was addressed to Michael Jones. Could you check for me on Monday and let me know if this was logged. Thanks!

**Sheila Chavis**

*Public Information Director I*

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**From:** Jordan, Joyce E. (CMS/CMCS) [<mailto:Joyce.Jordan@cms.hhs.gov>]  
**Sent:** Wednesday, March 26, 2014 3:48 PM  
**To:** Sheila Chavis  
**Cc:** Baty, Lavern W. (CMS/CMCS); Drake, Maria (CMS/CMCHO)  
**Subject:** SPA SC-13-0020 - Approval

Hi Sheila!

Congratulations! CMS has approved South Carolina's MAGI CHIP SPA submission SC-13-0020. Attached is the approval letter with the approved SPA page. A hard copy is being sent via mail.

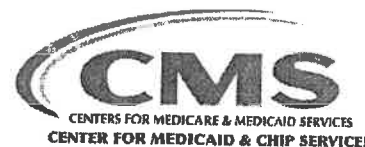
Please note that with the SC-13-0020 approval and the SC-13-0027 approval, the required CHIP MAGI SPA submissions for South Carolina is now complete. Congratulations, again!

Please feel free to contact your CHIP PO, LaVern Baty, if you have any questions.

Thanks.



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



**Children and Adults Health Programs Group**

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**MAR 26 2014**

Mr. Michael L. Jones  
Program Manager of Eligibility, Enrollment and Member Services  
Eligibility Administration  
Department of Health & Human Services  
P.O. Box 8206  
Columbia, SC 29202-8206

Dear Mr. Jones:

I am pleased to inform you that the Centers for Medicare & Medicaid Services has approved your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number SC-13-0020 submitted on November 18, 2013, and related Modified Adjusted Gross Income (MAGI) Eligibility with an effective date of January 1, 2014.

The SPA number SC-13-0020 describes the state's plan to maintain Medicaid eligibility for children who would otherwise be subject to section 2101(f) of the Affordable Care Act, as specified in the state's submission of CS14: Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards. A copy of the approved CS14 is attached, and should be incorporated within a separate subsection under section 4.1 of South Carolina's approved CHIP state plan.

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

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
Mail Stop: S2-01-16  
7500 Security Boulevard  
Baltimore, MD 21244-1850  
Telephone: (410) 786-5480  
Facsimile: (410) 786-5882  
E-mail: [Lavern.Baty@cms.hhs.gov](mailto:Lavern.Baty@cms.hhs.gov)

Official communications regarding program matters should be sent simultaneously to Ms. Baty and to Ms. Jackie Glaze, Associate Regional Administrator (ARA) in our Atlanta Regional Office. Ms. Glaze's address is:

Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
Atlanta Federal Center, 4<sup>th</sup> Floor  
61 Forsyth Street, SW, Suite 4T20  
Atlanta, GA 30303-8909

Page 2 – Mr. Michael L. Jones

If you have additional questions, please contact Ms. Barbara K. Richards, Acting Director, Division of State Coverage Programs at (410) 786-5920. We look forward to continuing to work with you and your staff.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eliot Fishman', with a long horizontal flourish extending to the right.

Eliot Fishman  
Director

Enclosure

cc: Jackie Glaze, ARA, CMS Region IV, Atlanta



# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

**Child Health Insurance Program**  
**Eligibility - Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards** **CS14**

Section 2101(f) of the ACA and 42 CFR 457.310(d)

☒ **Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards**

The CHIP agency provides coverage for this group of children as follows:

- ☒ The state has received approval from CMS to maintain Medicaid eligibility for children who would otherwise be subject to Section 2101(f) such that no child in the state will be subject to this provision.

The state assures that separate CHIP coverage will be provided for children ineligible for Medicaid due to the elimination of income disregards in accordance with 42 CFR 457.310(d). Coverage for this population will cease when the last child protected from loss of Medicaid coverage as a result of the elimination of income disregards has been afforded 12 months of coverage in a separate CHIP (expected to be no later than April 1, 2016).

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130917