

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton/Chavis</i>	DATE <i>3-19-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000323</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Heck, Kost, Deps, CMS file</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-10-14</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

February 14, 2014

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

RECEIVED

MAR 19 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Attention: Sheila Chavis

RE: State Plan Amendment (SPA) 13-0017-MM5

Dear Mr. Keck:

We have completed our review of the proposed amendment submitted under transmittal number SC 13-0017-MM5. This plan amendment proposes to affirm the State's residency regulation and addresses interstate agreements and temporary absence. As part of our informal review process, CMS sent the State informal questions on January 9, 2014. The State responded to the informal questions on February 10, 2014. However, we had a few additional questions that were sent to the State on February 11, 2014. Due to the unforeseen inclement weather experienced both by the State and the Atlanta Regional Office, the State has not been able to respond to our informal questions before the statutorily required timeframe required to approve a state plan amendment. We are therefore issuing this formal request for additional information in order to allow the state time to submit responses to our outstanding issues.

1. According to the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (ICAMA), all states and the District of Columbia, except for New York and Wyoming, participate in the compact. ICAMA is an agreement between and among its member states that enables them to coordinate the provision of medical benefits and services to children receiving adoption assistance in interstate cases. The children covered by ICAMA are those adopted pursuant to adoption assistance agreements between states and prospective adoptive parents under the terms of Title IV-E of the Social Security Act.

The State has verified that the state is an ICAMA member and has revised the S88 accordingly. However, the State has checked off South Carolina in the list of States with which there is an interstate agreement with IV-E individuals. We ask the state to uncheck South Carolina, as it is not necessary to mark in the context of an agreement with in the State.

Mr. Anthony E. Keck

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2. The State includes the following in the definition of temporary absence "an individual cannot be denied Medicaid due to residency for the following reasons: the individual has not resided in the State for a specified period of time." This statement regarding specified timeframes does not deal directly with temporary absence. We ask that the state remove this statement.

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 February 18, 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 Maria Drake at (404) 562-3697 or Suzette Seng at (214) 767-6478.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jackie Glaze", with a stylized flourish at the end.

Jackie Glaze

Associate Regional Administrator

Division of Medicaid & Children's Health Operations

Brenda James

From: Sheila Chavis
Sent: Tuesday, March 18, 2014 11:58 AM
To: Brenda James
Cc: Sheila Chavis
Subject: FW: SC-13-0017-MM5 Request for Additional Information
Attachments: SC-13-0017-MM5 RAI 2-14-14.pdf

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MAR 19 2014

Brenda,
Please log the attached RAI. Thanks!

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Sheila Chavis

Public Information Director I

CHAVISS@scdhhs.gov

803.898.2707 / 803.898.2707

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From: Drake, Maria (CMS/CMCHO) [<mailto:Maria.Drake@cms.hhs.gov>]
Sent: Friday, February 14, 2014 4:41 PM
To: Sheila Chavis
Cc: Holly, Mary V. (CMS/CMCHO)
Subject: SC-13-0017-MM5 Request for Additional Information

Please find attached a request for additional information (RAI) for SC- 13-0017-MM5. This has the effect of stopping the 90-day clock, which would have expired on February 16, 2014. The hard copy has been placed in the mail.

Please call if you have any questions.

Thank you,

--*Maria*--

Maria Drake | Health Insurance Specialist | Centers for Medicare & Medicaid Services (CMS) | Division of Medicaid and Children's Health Operations | Atlanta Regional Office | 61 Forsyth St. S.W., Suite 4T20 | Atlanta, GA 30303-8909 | 404-562-3697 Phone | 443 380-5814 Secure Fax | Maria.Drake@cms.hhs.gov

Any opinion expressed in this email communication does not represent the opinion of the agency and will not bind or obligate CMS. CMS has relied on the facts and information presented and if any material facts have not been disclosed, any opinion/advice is without force and effect. Any advice is limited to the facts presented and is part of informal discussions of the issues raised.