

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

**ACTION REFERRAL**

TO	DATE
<i>Singleton/Chavis</i>	<i>2-20-14</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <b>000285</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cc: Mr. Keck, Kos, Deps, CMS file</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3/24/14</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 06, 2014

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

**RECEIVED**

**FEB 19 2014**

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

Attention: Sheila Chavis

RE: State Plan Amendment (SPA) 13-013

Dear Mr. Keck:

We have completed our review of the proposed amendment submitted under transmittal number SC 13-013. This plan amendment amends the effective date for the Emergency Ambulance Services fee schedule. Before we can continue processing this amendment, we need additional or clarifying information.

General comments/questions

1. Pending SPA SC 13-013 revises material that is currently pending in SPA SC 12-026. We cannot take action on SC 13-013 until all our concerns for the previous amendment is resolved. In addition, any changes made to SC 12-026 should be included in SC 13-013.

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 March 16, 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,

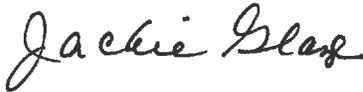
Mr. Anthony E. Keck  
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FFP will be available for the period beginning with the effective date through the date of approval.

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](mailto: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,

A handwritten signature in cursive script that reads "Jackie Glaze".

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