

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton/Charis</i>	DATE <i>1-2-13</i>
-------------------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>10194</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Singleton, 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. <i>* Additional information Attached</i>			
2.			
3.			
4.			



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A. A. A. A. A.

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**

CENTERS FOR MEDICARE & MEDICAID SERVICES

December 12, 2012

**RECEIVED**

DEC 20 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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

Re: South Carolina (SC) Title XIX State Plan Amendment (SPA), Transmittal #12-016

Dear Mr. Keck:

We have reviewed the proposed South Carolina State plan amendment (SPA) 12-016, which was submitted to the Atlanta Regional Office on September 28, 2012. This amendment implements Express Lane Eligibility (ELE) for children (younger than age 19) currently enrolled in the State's Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) programs. The SNAP and TANF programs are administered by the SC Department of Social Services (SCDSS). SCDSS has been designated as the Express Lane Agency.

Based on the information provided, the Medicaid State plan amendment SC 12-016 was approved on December 11, 2012. The effective date of this amendment is September 1, 2012. We are enclosing the approved CMS-179 and plan pages.

If you have any additional questions or need further assistance, please contact Rita Nimmons at (404) 562-7415 or [Rita.Nimmons@cms.hhs.gov](mailto:Rita.Nimmons@cms.hhs.gov).

Sincerely,

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

Enclosures



**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
SC 12-016

2. STATE  
South Carolina

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
September 1, 2012

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
1902(e)(13) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2012 \$ 1,542,801

b. FFY 2013 \$ 62,473,154

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, pages 11b, 11c & 11d

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

Attachment 2.2-A, pages 11b, 11c & 11d

10. SUBJECT OF AMENDMENT:

Express Lane Eligibility for children currently enrolled in SNAP and TNAF.

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:

Mr. Keck was designated by the  
Governor to review and approve all  
State Plans.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:  
Anthony E. Keck

14. TITLE:  
Director

15. DATE SUBMITTED:  
September 27, 2012

South Carolina Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
09/28/12

18. DATE APPROVED: 12/11/12

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
09/01/12

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:  
Jackie Glaze

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children Health Opns

23. REMARKS:



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
**Medical Assistance Program**

State: South Carolina

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid  
(Continued)

1902(e)(13) of  
the Act

X (e) Express Lane Option. The Medicaid State agency elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority may not apply to eligibility determination made before February 4, 2009, or after September 30, 2013.

(1) The Express Lane option is applied to:  
☐ Initial Determinations ☐ Redeterminations

☒ Both

(2) A child is defined as younger than age:  
☒ 19 ☐ 20 ☐ 21

(3) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:

The South Carolina Department of Social Services (SCDSS) in the administration of the Supplemental Nutritional Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF) Program.

(4) The following component/components of Medicaid eligibility are determined under the Express Lane option. Also, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children and the determination under the Express Lane option.





STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
**Medical Assistance Program**

State: South Carolina

**SECTION 2 - COVERAGE AND ELIGIBILITY**

Citation(s)

**2.1 Application, Determination of Eligibility and Furnishing Medicaid**  
**(Continued)**

Income, budget unit and resources will be used to determine Medicaid eligibility. The following summarizes differences in methodology:

Income: Medicaid - 200% FPL

SNAP - 130% FPL

TANF - 50%FPL

Income disregards: Medicaid - Standard work deduction of \$100 is applied to the determined monthly gross earned income; the first \$50 of child support; a deduction for dependent care expense allowed for up to \$200 per month, per child under age 12 or incapacitated adult reduced by the amount of Childcare Assistance; the income of family members who receive SSI.

SNAP - standard deduction (\$142 for household size of 1-3); 20% of earned income; maximum excess shelter deduction of up to \$417; mandatory utility allowance of \$272 if the household has heating/cooling costs or a basic utility allowance of \$134 or actual utility expenses and a telephone allowance of \$33; monthly dependent care expenses; legally obligated child support deduction; medical deduction

TANF - a 50% earned income disregard for four months provided they pass the gross income test or \$100 earned income disregard following the fourth month of the 50% disregard

Budget unit: Medicaid - income and resources of the parents and children in the home.

SNAP - the child and other individuals who purchase food or prepare meals together for home consumption

TANF - The dependent child(ren) for whom assistance is requested, the biological, legal or adoptive parent, stepparent(s), minor, adoptive and half-siblings.

Resources: Medicaid - \$30,000 limit per budget unit.

SNAP - \$2,000 per budget unit

TANF - \$2,500 per budget unit



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
**Medical Assistance Program**

State: South Carolina

**SECTION 2 - COVERAGE AND ELIGIBILITY**

Citation(s)

**2.1 Application, Determination of Eligibility and Furnishing Medicaid**  
**(Continued)**

(5) Check off which option is used to satisfy the Screen and Enroll requirement before a child may be enrolled under title XXI.

☐ (a) Screening threshold established by the Medicaid agency as:  
☐ (i) \_\_\_\_\_ percentage of the Federal Poverty level which exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points: specify \_\_\_\_\_; or

☐ (ii) \_\_\_\_\_ percentage of the Federal poverty level (describe how this reflects the value of any difference between income methodologies of Medicaid and the Express Lane agency); or

☐ (b) Temporary enrollment pending screen and enroll.

☒ (c) State's regular screen and enroll process for CHIP.

☒ (6) The State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child's or family's affirmative consent to child's Medicaid enrollment.

☐ (7) Check off if the State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance ProgramState: South CarolinaSECTION 2 - COVERAGE AND ELIGIBILITYCitation(s)2.1 Application, Determination of Eligibility and Furnishing Medicaid  
(Continued)1902(e)(13) of  
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TN No.: SC 12-016

Approval Date: \_\_\_\_\_

Effective Date: 09/01/12Supersedes TN No.: SC 11-009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
**Medical Assistance Program**

State: South Carolina

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid  
(Continued)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State: South Carolina

SECTION 2 - COVERAGE AND ELIGIBILITY

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2.1 Application, Determination of Eligibility and Furnishing Medicaid  
(Continued)

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☒ (c) State's regular screen and enroll process for CHIP.

☒ (6) The State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child's or family's affirmative consent to child's Medicaid enrollment.

☐ (7) Check off if the State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.

## Legal Advertising

Date: 5/21/2012

Name: DHHS

Address: 1801 MAIN ST

COLUMBIA

SC 2920124

Ad No: 4740517

Class: 0008 Legal Notices (News)

Rate: Legal Rates

Publish Dates:

Sunday, May 20, 2012

Lines: 81

## Affidavit of Publication

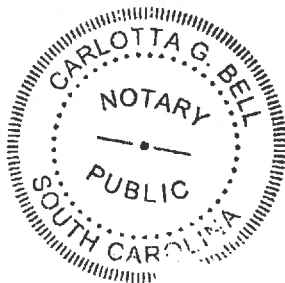
I, Susan F. Mullinax, being the Legal Advertising Agent for *The Greenville News*, do hereby testify that the attached legal ad was published on 81 lines as set forth above, in The Greenville News beginning on 5/20/2012 and ending on 5/20/2012



Susan F. Mullinax  
Legal Advertising Agent



Carlotta G. Bell  
Notary Public for the State of South Carolina  
My Commission Expires July 22, 2020



Post Office Box 1688 \* Greenville, SC 29602  
Phone: 864.298.4100



305 South Main Street \* Greenville, SC 29601  
Toll Free: 1.800.800.5116



Ad Text:

4740517PUBLIC NOTICE DEPARTMENT OF HEALTH  
AND HUMAN SERVICES The South Carolina  
Department of Health and Human Services (SCDHHS),  
pursuant to the requirements of Title 42 Part 447  
Section 205 of the Code of Federal Regulations,  
gives notice of the following actions regarding a new  
Express Lane Eligibility process under the State Plan  
under Title XIX of the Social Security Act Medical  
Assistance Program (Medicaid). Effective July 1,  
2012, the SCDHHS will amend the South Carolina  
(SC) Title XIX state plan to implement the Express Lane  
Eligibility process for children under 19 years old who  
apply for SNAP or TANF benefits via the SC  
Department of Social Services (SCDSS). This process will  
allow the approved children to be determined eligible for  
Medicaid benefits using the decision from SCDSS. This  
will eliminate the necessity for these individuals to apply  
for both programs separately, thus reducing the duplicative  
process of providing the same information to two different  
agencies. Copies of this notice are available for  
public review at each County Department of Health and  
Human Services Office. Additional information regarding  
this action is available upon request at the address cited  
below. Any written comments submitted may be reviewed  
by the public at the SCDHHS, Division of Ancillary  
Reimbursements, Klondike Building, Room K-137,  
1813 Main Street, Columbia, South Carolina,  
Monday through Friday between the hours of 9:00 A.M.  
and 5:00 P.M. Anthony E. Keck Director Department of  
Health and Human Services

**THANK YOU FOR YOUR ADVERTISEMENT!**

If I can be of further assistance, please call : 864-298-4100

RECEIVED

JUN 04 2012

JEFF STENSLAND SC STATE HEALTH & HUMAN SERVICES  
PO BOX 8206 ATTN: ACCTS PAYABLE  
COLUMBIA SC 29202

DHHS  
Bureau of Fiscal Affairs

## AFFIDAVIT OF PUBLICATION

# The Post and Courier

State of South Carolina

County of Charleston

Personally appeared before me the undersigned advertising clerk of the above indicated newspaper published in the city of Charleston, county and state aforesaid, who, being duly sworn, says that the advertisement of

(copy attached)

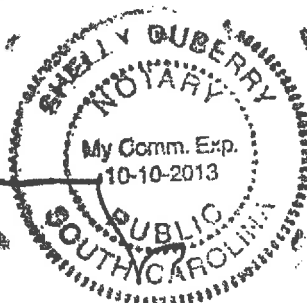
appeared in the issues of said newspaper on the following day(s):

05/19/12 Sat PC  
05/19/12 Sat CNW

at a cost of \$151.50  
Account# 107784  
Order# 762581  
P.O. Number:

Subscribed and sworn to before  
me this 21st day  
of May  
A.D. 2012

*K. Eddings*  
advertising clerk



*Shelly Guberry*  
NOTARY PUBLIC, SC  
My commission expires

### PUBLIC NOTICE

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

The South Carolina Department of Health and Human Services (SCDHHS), pursuant to the requirements of Title 42 Part 447 Section 205 of the Code of Federal Regulations, gives notice of the following actions regarding a new Express Lane Eligibility process under the State Plan under Title XIX of the Social Security Act Medical Assistance Program (Medicaid).

Effective July 1, 2012, the SCDHHS will amend the South Carolina (SC) Title XIX state plan to implement the Express Lane Eligibility process for children under 19 years old who apply for SNAP or TANF benefits via the SC Department of Social Services (SCDSS). This process will allow the approved children to be determined eligible for Medicaid benefits using the decision from SCDSS. This will eliminate the necessity for these individuals to apply for both programs separately, thus reducing the duplicative process of providing the same information to two different agencies.

Copies of this notice are available for public review at each County Department of Health and Human Services Office. Additional information regarding this action is available upon request at the address cited below.

Any written comments submitted may be reviewed by the public at the SCDHHS, Division of Ancillary Reimbursements, Klondike Building, Room K-137, 1813 Main Street, Columbia, South Carolina, Monday through Friday between the hours of 9:00 A.M. and 5:00 P.M.

Anthony E. Kack,  
Director  
Department of Health  
and Human Services  
AD# 762581

THE STATE MEDIA CO., INC.  
Columbia, South Carolina  
publisher of  
**The State**

STATE OF SOUTH CAROLINA  
COUNTY OF RICHLAND

Personally appeared before me, Emily Fernandez, Project & Support Sup  
of THE STATE, and makes oath that the advertisement,

Public Notice – new Express Lane Eligibility process

was inserted in THE STATE, a daily newspaper of general circulation publis  
the City of Columbia, State and County aforesaid, in the issue(s) of

May 18, 2012

*Emily Fernandez*

**RECEIVED**

JUN 05 2012

DHHS  
Bureau of Fiscal Affairs

Subscribed and sworn to before me

on this day May 31, 2012

*Carol F. Harrison*

Notary Public

My commission expires  
March 10, 2013

*"Errors- the liability of the publisher on account of errors in  
or omissions from any advertisement will in no way exceed  
the amount of the charge for the space occupied by the item in  
error, and then only for the first incorrect insertion."*

**PUBLIC NOTICE**

DEPARTMENT OF HEALTH AND HU-  
MAN SERVICES

The South Carolina Department of Health and Human Services (SCDHHS), pursuant to the requirements of Title 42 Part 447 Section 205 of the Code of Federal Regulations, gives notice of the following actions regarding a new Express Lane Eligibility process under the State Plan under Title XIX of the Social Security Act Medicaid Assistance Program (Medicaid). Effective July 1, 2012, the SCDHHS will amend the South Carolina (SC) Title XIX state plan to implement the Express Lane Eligibility process for children under 19 years old who apply for SNAP or TANF benefits via the SC Department of Social Services (SCDSS). This process will allow the approved children to be determined eligible for Medicaid benefits using the decision from SCDSS. This will eliminate the necessity for these individuals to apply for both programs separately, thus reducing the duplicative process of providing the same information to two different agencies. Copies of this notice are available for public review at each County Department of Health and Human Services Office. Additional information regarding this action is available upon request at the address cited below. Any written comments submitted may be reviewed by the public at the SCDHHS, Division of Ancillary Reimbursements, Kiomike Building, Room K-137, 1813 Main Street, Columbia, South Carolina, Monday through Friday between the hours of 9:00 A.M. and 5:00 P.M. Anthony E. Keck, Director  
Department of Health and Human Services



September 6, 2012

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

**Re: South Carolina Title XIX State Plan Amendment SC 12-016, Express Lane Eligibility for children currently enrolled in SNAP and TANF**

Dear Ms. Glaze:

Please find attached State Plan Amendment (SPA) SC 12-016 for your review and approval. The South Carolina Department of Health and Human Services (SCDHHS) is submitting this SPA to implement Express Lane Eligibility (ELE) for children currently enrolled in the State's Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF) program. The SNAP and TANF programs are administered by the South Carolina Department of Social Services (SCDSS). SCDSS has been designated as the Express Lane Agency.

In April 2011, SCDHHS began ELE redeterminations for children based on the SNAP and TANF data. To date, the State has delivered continuous enrollment to over 140,000 children, eliminated the additional paperwork for families and providers, and reduced our eligibility staff's effort to manage these cases. As part of the ELE redetermination implementation, SCDHHS recognized that approximately 70,000 children in South Carolina were currently enrolled in the SNAP/TANF programs but were not currently enrolled in Medicaid.

With the success of the ELE redeterminations, SCDHHS requested the necessary budget to expand the ELE program to enroll these approximately 70,000 children in Medicaid. With support from Governor Haley and the State's Legislature, the State Fiscal Year 2013 budget includes the funds needed to support this program.

As SCDHHS strongly believes that access to health coverage is an important first step, it is critical that access is followed by effective outreach and communication to ensure that families are educated about the benefits available to them and that children receive the wellcare visits that Medicaid offers. Additionally, SCDHHS believes that the influx of this many children into the Medicaid program will have an impact on the provider community therefore our plan works to engage both providers and community partners in the roll-out.

In September 2012, the State plans to enroll all eligible children based on the SNAP and TANF data in the State's FFS program. SCDHHS will then transition the children from the FFS program to its Managed Care program on a regional basis. Specifically, in the month of September all families with eligible children will receive a letter indicating their enrollment into the State's Medicaid program with instructions about how to access Medicaid services immediately and that further information about the program will be forthcoming. As SCDHHS operates Medicaid eligibility through four regions, the State plans to then target Managed Care enrollment by region over a period of four months, likely from October 2012 through January 2013. During the regional enrollment, SCDHHS will coordinate the efforts of its Enrollment Broker (PSI/Maximus) with local community partners and providers in order to effectively deliver the message about the benefits of Medicaid and work to get as many children appointments for general wellcare visits. SCDHHS has already approached statewide provider groups and existing stakeholders/partners who have all been supportive of this approach and committed their participation to it.

SCDHHS will track those children enrolled through this process and their wellcare visits through FFS claims and Managed Care encounters and will make that data available to CMS for review. SCDHHS will also provide CMS copies of the letters, notices and communications delivered to families related to this program.

If a child does not enroll in one of the State's Managed Care programs or use the FFS benefits by an agreed upon date (currently scheduled as July 31, 2013), SCDHHS will not automatically re-enroll the child for a second year. SCDHHS believes that this approach to transition those children already eligible but not enrolled, provides an effective way to get kids enrolled quickly while also ensuring they get access to the care they need.

Additionally, an affirmative request to enroll in Medicaid will be added to the State's application for SNAP and TANF benefits. Following the initial transition period, applicants will only be enrolled in Medicaid via ELE if they elect this option.

#### **Tribal Questions:**

The following are questions related to Section 5006(e) of the Recovery Act (Public Law (P.L.) 111-5) requirement for Tribal Consultation, please provide responses to these questions.

1. Is the submittal of SC 12-016 likely to have a direct impact on Indians or Indian health programs (Indian Health Service, Tribal 638 Health Programs, Urban Indian Organizations)?

#### **SCDHHS RESPONSE:**

No

2. If the submittal of SC 12-012 is not likely to have a direct impact on Indians or Indian health programs, please explain why not.

**SCDHHS Response:**

The SPA provides for Express Lane Eligibility for Medicaid eligible children currently in the State's SNAP and TANF programs. The SPA does not make any changes to the services or eligibility categories for any programs and thus will not impact services or eligibility for Indians or the Indian Health Programs.

3. If the submittal of SC 12-012 is likely to have a direct impact on Indians or Indian health programs please respond to the following questions:

- a. How did the State consult with the Federally-recognized tribes and Indian health programs prior to submission of this SPA or waiver request?

**SCDHHS Response:**

Indian Health Services (IHS) is a member of our Medical Care Advisory Committee (MCAC). All SPA submissions are presented at these meetings. The ELE SPA was discussed at the MCAC meeting held May 15, 2012. Chief Bill Harris is a member of MCAC however he was not in attendance. This SPA was also discussed at the monthly Catawba conference call held July 25, 2012. Ms. Vicky Reynders and Ms. Dawn Canty of IHS participated. They did have some questions that were answered during the call however they did not have any major concerns about the implementation of this SPA.

- b. If the tribes and Indian health programs were notified in writing, please provide a copy of the notification, the date it was sent and a list of the entities notified. In addition, please provide information about any concerns expressed by the tribes and/or Indian health providers and the outcome.
- c. If the consultation with the tribes and Indians health providers occurred in a meeting, please provide a list of invitees, a list of attendees, the date the meeting took place and information about any concerns expressed by the tribes and/or Indian health providers and the outcome.

**SCDHHS Response:**

The ELE SPA was discussed at the May 15, 2012 MCAC meeting. Chief Bill Harris sits on this committee however he was not in attendance. The MCAC agenda and all attachments were sent to Chief Bill Harris. SCDHHS has not received any questions or concerns from Chief Harris. MCAC members include: John Barber, Sue Berkowitz, William Bilton, Dr. Charles Darby, Jr., Richard D'Alberto, Diane Flashnick, Dr. Tom Gailey, Dr. Greta Harper, Chief Bill Harris, Alicia Jacobs, Rhonda White-Johnson, PH.D, Lea Kerrison, Bill Lindsey, Gloria McDonald, Melanie Matney, J.T. McLawhorn, Dr. Kashyap Patel, Dr. Amy Picklesimer, Gloria Prevost, Crystal Ray, Jackie Richards, Tim Stuart, Dr. Caughman Taylor, Nathan Todd, Dr. Lynn Wilson, and Lathran Woodard. Attendee's at this meeting were as follows: Sue Berkowitz, William Bilton, Dr. Charles Darby, Jr., Richard D'Alberto, Dr. Tom Gailey, Dr. Greta Harper, Alicia Jacobs, Lea Kerrison, Bill Lindsey, Gloria McDonald, Melanie Matney, Dr. Kashyap Patel, Dr. Amy Picklesimer, Gloria Prevost, Crystal Ray, Jackie Richards, Tim Stuart, Dr. Caughman Taylor, Nathan Todd, Dr. Lynn Wilson and Lathran Woodard.

**Standard Funding Questions**

1. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)

**SCDHHS Response:**

**This SPA does not make any changes to the payments, repayments or services available through the State Plan for the impacted population. All existing payment and repayment processes will be applied to the expenditures related to this SPA.**

2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either through an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds.

If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:

- (i) a complete list of the names of entities transferring or certifying funds;
- (ii) the operational nature of the entity (state, county, city, other);
- (iii) the total amounts transferred or certified by each entity;

(iv) clarify whether the certifying or transferring entity has general taxing authority: and,

(v) whether the certifying or transferring entity received appropriations (identify level of appropriations).

**SCDHHS Response:**

**The State funding required for this SPA has been provided as part of the legislature's appropriation to the State's Medicaid agency.**

3. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

**SCDHHS Response:**

**This SPA does not make any changes to the payments for services or services covered available through the State Plan for the impacted population.**

4. For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration.

**SCDHHS Response:**

**This SPA does not make any changes to the payment methodologies used by the State in calculating UPL.**

**Maintenance of Effort (MOE) Questions:**

1. Under section 1902(gg) of the Social Security Act (the Act), as amended by the Affordable Care Act, as a condition of receiving any Federal payments under the Medicaid program during the MOE period indicated below, the State shall not have in effect any eligibility standards, methodologies, or procedures in its Medicaid program which are more restrictive than such eligibility provisions as in effect in its Medicaid program on March 10, 2010.  
MOE Period.  
§ Begins on: March 10, 2010, and  
§ Ends on: The date the Secretary of the Federal Department of Health and Human Services determines an Exchange established by a State under the provisions of section 1311 of the Affordable Care Act is fully operational.  
Is SC in compliance with the conditions of the MOE provision of section 1902(gg) of the Act for continued funding under the Medicaid program?

**SCDHHS RESPONSE:**

**Yes**



3. Section 1905(y) and (z) of the Act provides for increased federal medical assistance percentages (FMAP) for expenditures made on or after January 1, 2014 for individuals determined eligible under section 1902(a)(10)(A)(i)(VIII) of the Act. Under section 1905(cc) of the Act, the increased FMAP under sections 1905(y) and (z) would not be available for States that require local political subdivisions to contribute amounts toward the non-Federal share of the State's expenditures at a greater percentage than would have been required on December 31, 2009. Prior to January 1, 2014 States may potentially require contributions by local political subdivisions toward the non-Federal share of the States' expenditures at percentages greater than were required on December 31, 2009. However, because of the provisions of section 1905(cc) of the Act, it is important to determine and document/flag any SPAs/State plans which have such greater percentages prior to the January 1, 2014 date in order to anticipate potential violations and/or appropriate corrective actions by the States and the Federal government.

**SCDHHS Response:** This SPA would [ ] / would not [X] violate these provisions, if they remained in effect on or after January 1, 2014.

3. Section 1905(aa) of the Act provides for a "disaster-recovery FMAP" increase effective no earlier than January 1, 2011. Under section 1905(cc) of the Act, the increased FMAP under section 1905(aa) of the Act is not available for States that require local political subdivisions to contribute amounts toward the non-Federal share of the State's expenditures at a greater percentage than would have been required on December 31, 2009.

**SCDHHS RESPONSE:** This SPA would [ ] / would not [X] qualify for such increased federal financial participation (FFP) and is not in violation of this requirement.

4. Does this plan amendment comply with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims?

**SCDHHS Response:**  
Yes

If you have questions or need further assistance, please contact John Supra at (803) 898-2502 or Sheila Chavis at (803) 898-2707

Anthony E. Keck  
Director

AK/sjc  
Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
SC 12-016

2. STATE  
South Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
September 1, 2012

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
1902(e)(13) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2012 \$ 1,542,801  
b. FFY 2013 \$ 62,473,154

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A page 11b, 11c & 11d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Attachment 2.2-A page 11b, 11c & 11d

10. SUBJECT OF AMENDMENT:

Express Lane Eligibility for children currently enrolled in SNAP and TNAF.

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:

Mr. Keck was designated by the  
Governor to review and approve all  
State Plans.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
Anthony E. Keck

14. TITLE:  
Director

15. DATE SUBMITTED:  
August 27, 2012

South Carolina Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS: