

☒ 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.			

1 / 2 and the approved plan page are enclosed. If you have any questions regarding this amendment, please contact Tandra Hodges at (404) 562-7409.

Sincerely,

A handwritten signature in dark ink, appearing to read "Mary Kaye Justis". The signature is fluid and cursive, with the first name "Mary" being more prominent.

Mary Kaye Justis, RN, MBA
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Emma Shuler</i>		16. RETURN TO: South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206
13. TYPED NAME: Emma Forkner		
14. TITLE: Director		
15. DATE SUBMITTED: May 5, 2009		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 05/05/09	18. DATE APPROVED: 06/16/09	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/09	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Deanna Howard for Mary Kay Justice</i>	
21. TYPED NAME: Mary Kaye Justice, RN, MBA	22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children's Health Ops	
23. REMARKS:		

The State extends Medicaid eligibility under TMA for an initial period of:

☒ 6 months. For TMA eligibility to continue into a second 6-month extension period, the family must meet the reporting, technical, and income eligibility requirements specified at section 1925 (b) of the Act.

☐ 12 months. Section 1925 (b) does not apply for a second 6-month extension period.

The State collects and reports participation information to the Department of Health and Human Services as required by section 1925 (g) of the Act, in accordance with the format, timing, and frequency specified by the Secretary and makes such information publicly available.

TN No: SC 09-005 Approval Date: 06/16/09 Effective Date: 07/01/09

Supersedes TN No: New Page