

X1 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 cursive script, appearing to read "Mary Kaye Justis".

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

Emma Shuler

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME:
Emma Forkner

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

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:
Frank Howard

21. TYPED NAME:
Mary Kaye Justis, 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