

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Hess</i>	DATE <i>7-7-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101018</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Kerk, Deps, CUS file, Jacobs, Saper</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.			
2.			
3.			
4.			



Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909

June 29, 2011

RECEIVED

JUL 07 2011

Anthony E. Keck, Director
Department of Health & Human Services
1801 Main Street
Columbia, SC 19201

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: SC Title XIX State Plan Amendment, Transmittal #11-009

Dear Mr. Keck:

We have reviewed the proposed South Carolina Medicaid State Plan Amendment (SPA) 11-009 that was submitted to the Atlanta Regional Office on April 18, 2011. This State Plan Amendment will allow Medicaid to use the optional Express Lane Eligibility (ELE) to process redeterminations for children with income less than 200% FPL in South Carolina's Partners for Healthy Children (PHC) program.

Based on the information provided, we are now ready to approve the South Carolina State Plan Amendment 11-009. This SPA was approved on June 29, 2011. The effective date of this amendment is April 1, 2011. The signed HCFA-179 and the approved plan pages are enclosed.

If you have any questions or need any further assistance, please contact Rita Nimmons at (404) 562-7415.

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 11-009

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
04/01/11

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:

7. FEDERAL BUDGET IMPACT: RMAP

1902 (c)(13) of the Act

a. FFY 2011 \$ 9,500,000
b. FFY 2012 \$19,000,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Basic Text, pages 11b, 11c & 11d

10. SUBJECT OF AMENDMENT:

Establish Express Lane Reviews for Medicaid and CHIP children

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:

16. RETURN TO:

13. TYPED NAME:
Anthony/E. Keck

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

14. TITLE:
Director

15. DATE SUBMITTED:
April 18, 2011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
04/01/11

20. SIGNATURE OF REGIONAL OFFICIAL:
David Kimble

21. TYPED NAME:
David Kimble

22. FILE:

Acting Associate Regional Administrator
Division of Medicaid & Children's Health Ops

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.

TN No.: SC 11-009
04/01/11

Approval Date: 06-29-11
Supersedes TN No.: New Page

Effective Date:

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.