

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton/Chair's</i>	DATE <i>2-27-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000298</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Heck, Kost, Deps, CMS file Cleared 3/4/14, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-28-14</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 18, 2014

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

Attention: Sheila Chavis

RE: S-94 – Eligibility Process State Plan Amendment (SPA), SC-13-0015-MM2

Dear Mr. Keck:

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services (CMS) approval of South Carolina's state plan amendment (SPA) transmittal SC-13-0015-MM2, which was submitted to CMS on November 18, 2013. Our review of this submission included a review of the online alternative single streamlined application developed by the state.

Until March 31, 2014, the state is using an interim alternative single streamlined online application. This interim application needs to be revised to reflect the following changes.

Necessary Changes	Date by which changes will be completed:
Tobacco use question will be removed from the online Medicaid application.	March 31, 2014
Reference to worker's compensation as a wage type will be removed from the household income information section.	March 31, 2014

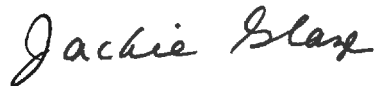
Please submit the revised alternative single streamline online application to CMS for review no later than March 1, 2014 to ensure approval by March 31, 2014. We continue to be available to provide technical assistance.

If you have any questions about your application, please contact Dena Greenblum at Dena.Greenblum@cms.hhs.gov or (410) 786-8684. If you have any additional questions or

Mr. Anthony E. Keck
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require any further assistance, please contact Maria Drake at (404) 562-3697 or at Maria.Drake@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads "Jackie Glaze". The script is cursive and fluid, with the first letters of each word being capitalized and prominent.

Jackie Glaze
Associate Regional Administrator



Nikki Haley GOVERNOR

Anthony Keck DIRECTOR

P.O. Box 8206 > Columbia, SC 29202

www.scdhhs.gov

March 4, 2014

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

Dear Ms. Glaze:

RE: South Carolina Title XIX State Plan Amendment SC 13-0015-MM2

The South Carolina Department of Health and Human Services is submitting this response to the letter of companion to our approval of South Carolina State Plan Amendment 13-0015-MM2 of February 12, 2014.

South Carolina will remove the tobacco use question and the reference to worker's compensation as a wage type from the household income information section of the online Medicaid application. The revised alternative single streamline application will be uploaded in the Centers for Medicare and Medicaid Services' Medical Model Data Lab (MMDL) system.

We look forward to the approval of this subject plan amendment. If you have additional questions please contact Ms. Robynn Mackechnie at (803) 734-0009 or Ms. Sheila Chavis at (803) 898-2707.

Sincerely,

Anthony E. Keck
Director

AEK/sshmc

