

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/Chavis	3-17-15

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000209	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Kost, Deps, CUS file Original attached.	<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
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

March 11, 2015

Mr. Christian L. Soura, Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment, SC 14-0004-MM1

Dear Mr. Soura:

Enclosed is an approved copy of South Carolina's state plan amendment (SPA) 14-0004-MM1, which was submitted to CMS on December 19, 2014. The purpose of this amendment is to add the MAGI-Based Eligibility Group for Tuberculosis (TB) template S55. This SPA was approved on March 10, 2015. The effective date of the SPA is November 4, 2014.

We are enclosing the HCFA-179 and the approved plan pages. This SPA supersedes the S55 Eligibility template approved in SPA 13-0014-MM1. Please incorporate these approved plan pages within the separate section at the end of South Carolina's approved state plan.

Congratulations to you and your staff for your hard work and strong collaboration. If you have any additional questions or need further assistance, please contact Maria Drake at (404) 562-3697 or Maria.Drake@cms.hhs.gov.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

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

Enclosures

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: South Carolina
Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY= the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

SC-14-0004

Proposed Effective Date

11/04/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

1902(a)(10)(A)(ii)(XII) 1902(z)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2015	\$2908317.00
Second Year	2016	\$3207056.00

Subject of Amendment

This State Plan provides coverage language for the Tuberculosis Program. This SPA supersedes the S55 Eligibility template approved in SPA 13-0014-MM1.

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

☒ Other, as specified

Describe:

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

Signature of State Agency Official

Submitted By: Sheila Chavis

Last Revision Date: Jan 12, 2015

Submit Date: Dec 19, 2014



Medicaid Eligibility

State Name: South Carolina

OMB Control Number: 0938-1148

Transmittal Number: SC - 14 - 0004

Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Individuals with Tuberculosis

S55

1902(a)(10)(A)(ii)(XII)

1902(z)

Individuals with Tuberculosis - The state elects to cover individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services.

☒ Yes ☐ No

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Individuals qualifying under this eligibility group must meet the following criteria:

☒ Are infected with tuberculosis.

☒ Are not otherwise eligible for mandatory coverage under the Medicaid state plan.

☒ Have household income under a standard established by the state.

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☒ Income standard used for this group

☒ Maximum income standard

First indicate the maximum income standard that could be used for this group and then indicate the income standard the state uses for the group.

The state elects to convert the effective income level for coverage of this eligibility group in effect in the Medicaid state plan as of March 23, 2010 and December 31, 2013 to MAGI-equivalent standards.

☐ Yes ☒ No

The state's maximum income standard for this eligibility group is:

☒ The break-even point for earned income under the SSI program.

☐ The effective income level for this eligibility group under the Medicaid state plan in effect as of March 23, 2010, not converted to a MAGI-equivalent standard.

☐ The effective income level for this eligibility group under the Medicaid state plan in effect as of December 31, 2013, not converted to a MAGI-equivalent standard.

☐ No income test (all income is disregarded), if no income test was used for this eligibility group under the Medicaid state plan in effect as of March 23, 2010 or December 31, 2013.

☒ Income standard chosen

The state's income standard used for this eligibility group is:

☐ The maximum income standard.

☐ If not chosen as the maximum income standard, the break-even point for earned income under the SSI program.

☒ Another income standard less than the maximum standard allowed.



Medicaid Eligibility

The amount of the income standard is:

☒ A percentage of the federal poverty level: %

☐ A dollar amount

- ☒ Individuals qualifying under this group are eligible only for the following services, provided the service is related to the diagnosis, treatment or management of the individual's tuberculosis.
- ☒ Prescribed drugs, described in 42 CFR 440.120
 - ☒ Physician services, described in 42 CFR 440.50
 - ☒ Outpatient hospital and rural health clinic described in 42 CFR 440.20 and Federally-qualified health center services
 - ☒ Laboratory and x-ray services (including services to confirm the presence of the infection), described in 42 CFR 440.30
 - ☒ Clinic services, described in 42 CFR 440.90
 - ☒ Case management services defined in 42 CFR 440.169
 - ☒ Services other than room and board designed to encourage completion of regimens of prescribed drugs by out-patients, including services to observe directly the intake of prescription drugs.
 - ☒ Limitations related to tuberculosis-related services may be found in the Benefits section.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140615

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RECEIVED

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