

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

MA

TO <i>Hutto / Chavis</i>	DATE <i>7-14-14</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000019</i>		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Kost, Deps, CMS file</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.		<i>7/24</i>	<i>A SPA is probably required for this - ck should be Beth's area - w/ Sheila - We spoke about this - She may know a five frame for due date - Mark!</i>
2.			
3.			
4.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra/Chavis</i>	DATE <i>7-14-14</i>
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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-26-12
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

JUN 20 2014

RECEIVED

JUL 14 2014

Tony Keck
Director
State of South Carolina,
Department of Health & Human Services
1801 Main Street PO Box 8206
Columbia, SC 29201-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

Thank you for submitting Part 2 of your state's Modified Adjusted Gross Income (MAGI) Conversion Plan for FMAP claiming. This letter is to notify you that the Centers for Medicare & Medicaid Services (CMS) is formally approving Part 2 (conversions for FMAP claiming) of your conversion plan.

A state covering the new adult group in its Medicaid program (under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act) must include and submit Part 2 of the MAGI Conversion Plan (as approved with this letter) as "Attachment A" to its submission of the FMAP claiming methodology state plan amendment ("FMAP SPA") which is associated with such new adult group. Furthermore, the converted income standards contained in Part 2 of the MAGI Conversion Plan must also be appropriately identified and referenced in Table 1 of Part 1 of the FMAP SPA.

The FMAP SPA template and associated instructions can be found on Medicaid.gov at:

FMAP SPA Template:

www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Financing-and-Reimbursement/Downloads/FMAP-Claiming-SPA-Template.pdf

Instructions for FMAP SPA Template:

www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Financing-and-Reimbursement/Downloads/FMAP-Claiming-SPA-Instructions.pdf

The FMAP SPA should be submitted to your regional office SPA intake mailbox.

If there are any questions or you wish to discuss the Conversion Plan, please contact Stephanie Kaminsky at Stephanie.Kaminsky@cms.hhs.gov or SHADAC at (612) 486-2439 or fmaphelp@shadac.org

Page 2 – Mr. Tony Keck

The CMS staff is available to work with you regarding the development and/or submission of the FMAP SPA. If there are any questions or you wish to discuss the FMAP SPA, please contact your regional office.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eliot Fishman', with a long horizontal flourish extending to the right.

Eliot Fishman
Director

DEPARTMENT OF HEALTH & HUMAN SERVICES

**CENTER FOR MEDICARE & MEDICAID SERVICES
7500 SECURITY BOULEVARD
BALTIMORE, MD 21244-1850**

**OFFICIAL BUSINESS
PENALTY FOR USE \$300**



**Tony Keck
Director
State of South Carolina,
Department of Health & Human Services
1801 Main Street PO Box 8206
Columbia, SC 29201-8206**

