

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR  
ACTION REFERRAL

EA

TO	Singletary/Chavis
DATE	8-22-14

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000050	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE
2. DATE SIGNED BY DIRECTOR		<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE
cc: Mr. Keck, Capt. Depp, CUS		<input type="checkbox"/> FOIA	DATE DUE
file		<input type="checkbox"/> Necessary Action	DATE DUE

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

RECEIVED

August 18, 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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

Attention: Sheila Chavis

RE: South Carolina (SC) State Plan Amendment (SPA) 14-007 Inpatient Hospital Services for  
Individuals Age 65 or Older in Institutions for Mental Disease (IMD)

Dear Mr. Keck:

We reviewed the proposed amendment submitted under transmittal number SC 14-007. This  
amendment will add Inpatient Hospital Services for Individuals Age 65 or Older in Institutions  
for Mental Disease to the South Carolina Medicaid state plan. The amendment has a requested  
effective date for July 1, 2014. Before we can continue processing this amendment, we need  
additional or clarifying information.

Attachment 3.1-A, Limitation Supplement, Page 6e

1. SPA SC 14-007 revises material that is currently pending in SPA SC 13-007. CMS  
cannot take action on SPA SC 14-007 until all our concerns for SPA SC 13-007  
amendments are resolved. Any amendments made to SPA SC 13-007 should be included  
in SC 14-007.
2. Please specify on item 14 a of the state plan page the agency assures that all requirements  
of 42 CFR Part 441, Subpart C are met. Example:  
"The agency assures that all requirements of 42 CFR Part 441, Subpart C are met,  
including the requirement for an individual plan for each patient that, assures that the  
institutional care provided ..."

Attachment 2.6-A, Page 3a -

3. The changes to Attachment 3.1-A, Limitation Supplement, Page 6e do not require a corresponding page change to Attachment 2.6-A. Please confirm that the state will be withdrawing the Attachment 2.6-A, Page 3a amendment submitted August 1, 2014.
4. Does the state have a process to re-enroll individuals, whose Medicaid cases closed when they entered an IMD, and return to Medicaid? Please elaborate on this process.

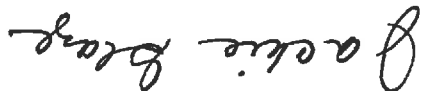
We are requesting this additional/clarifying information under provisions of section 1915(f) of the Social Security Act (added by PL 97-35). This has the effect of stopping the 90-day clock for CMS to take action on the material, which would have expired on August 28, 2014. A new 90-day clock will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, if we have not received the state's response to our request for additional information within 90 days from the date of this letter, we will initiate disapproval action on the amendment. In addition, because this amendment was submitted after January 2, 2001 and is effective after January 1, 2001, please be advised that we will continue to defer federal financial participation (FFP) for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available for the period beginning with the effective date through the date of approval.

We ask that you respond to this RAI via the Atlanta Regional Office SPA/Waiver e-mail address at [SPA\\_Waivers\\_Atlanta\\_R04@cms.hhs.gov](mailto:SPA_Waivers_Atlanta_R04@cms.hhs.gov). The original signed response should also be sent to the Atlanta Regional Office.

If you have any questions, please contact either Maria Drake at (404) 562-3697 or Cheryl Wigfall at (803) 252-7299.

Sincerely,



Jackie Glaze

Acting Associate Regional Administrator

Division of Medicaid & Children's Health Operations