

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Mells</i>	DATE <i>1-24-07</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER  <i>000486</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR  <i>Cleared on 1/24/07, see attached response by e-mail.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-2-07</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.			

*Log- Wells*  
*"Approp. Sign."*

**From:** Robert Kerr  
**To:** Wells, William  
**Date:** 1/22/2007 3:59:58 PM  
**Subject:** Fwd: NASMD SCHIP Shortfall Survey

Can you provide the info for me to submit? Thanks.

>>> "Andrea Maresca" <[AMaresca@aphsa.org](mailto:AMaresca@aphsa.org)> 1/22/2007 11:54 am >>>  
Dear Medicaid and SCHIP Directors:

**RECEIVED**

JAN 24 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

In response to requests for information from some states, NASMD has developed a brief eight question online survey to track recent updates on projected SCHIP shortfalls. We will disseminate the aggregate information and use the aggregate data to inform our efforts to educate Members of Congress and their staff. We encourage you complete the online survey by Friday, February 9, 2007. To access the survey, follow this link: <http://www.surveymonkey.com/s.asp?u=88923155566>

If you have any questions about the survey or related to federal SCHIP issues please contact Andrea Maresca at 202-682-0100 x292 or [amaresca@aphsa.org](mailto:amaresca@aphsa.org)

Andrea Maresca, MPH

American Public Human Services Association

National Association of State Medicaid Directors

810 First St., NE Suite 500

Washington, DC 20002

202-682-0100 x292

[amaresca@aphsa.org](mailto:amaresca@aphsa.org)

**CC:** Malone, Linda

**SCHIP Shortfall Survey**[Exit this survey >>](#)**1. SCHIP Shortfall Survey**

NASMD is tracking states with SCHIP shortfalls. We will disseminate this information and use the aggregate data to inform our efforts to educate Members of Congress and their staff. Please take a moment to complete the following questions. We ask that you complete the survey by Friday, February 9, 2007.

**\* 1. Please provide the following information:**

Name	Robert M. Kerr
Title	Director
State	South Carolina
Phone	803-898-2504
Email	kerr@scdhhs.gov
Type of CHIP program (standalone, Medicaid expansion, combination)	Medicaid expansion

**\* 2. Based on the most recent data available, does your state anticipate a funding shortfall for the remainder of FY2007?****3. If yes, please indicate approximately when you expect the shortfall to occur and the estimated shortfall amount.**

Anticipated date	NA
Estimated shortfall amount	

**4. Please indicate whether your most recent anticipated shortfall date and amount differs from CMS estimates.****5. How is your state planning to address the shortfall?**

- ☐ State legislature is likely to appropriate additional funding for SCHIP.
- ☐ The state is likely to shift some SCHIP enrollees into the Medicaid program
- ☐ The state is likely to make cuts to eligibility and/or services.

 Other (please specify)

NA

**6. Please elaborate on your response(s) above. (i.e. will the legislature act to avert the entire expected shortfall? What cuts to eligibility and services or changes in cost sharing rules are likely to be implemented? Etc.)**

NA

**7. Is your state working with your Congressional delegation to address the SCHIP shortfall issue? Please elaborate if so.**

We have been in communication with some members of our Congressional delegation to educate them about this issue in general. Although it does not currently affect SC directly, it could become an issue in the future, if an expansion of eligibility for our SCHIP program were proposed by our state legislature.

**8. Has your state received guidance from CMS regarding how to address your projected shortfall? If yes, please elaborate.**

NA.

**Next >>**