

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>2-28-14</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000301</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>* original attached.</i>			
2.			
3.			
4.			

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**

**FEB 25 2014**

**RECEIVED**

**FEB 28 2014**

Michael L. Jones  
Program Manager of Eligibility, Enrollment and Member Services  
Eligibility Administration  
Department of Health & Human Services  
P.O. Box 8206  
Columbia, SC 29202-8206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Mr. Jones:

I am pleased to inform you that your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number SC-13-0027, submitted on December 31, 2013, and related to Modified Adjusted Gross Income (MAGI) Eligibility, has been approved with an effective date of January 1, 2014.

SPA number SC-13-0027 converts the state's existing income eligibility standards to MAGI-equivalent standards, by age group, for children covered in its title XXI-funded Medicaid program. A copy of the approved state plan page (CS3) is attached, and should be incorporated into the state's approved CHIP state plan. This page supersedes the current Medicaid expansion Section (4.0) of the current CHIP state plan.

Your title XXI project officer is Ms. LaVern Baty. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Baty's contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, MD 21244-1850  
Telephone: (410) 786-5480  
Facsimile: (410) 786-5882  
E-mail: [LaVern.baty@cms.hhs.gov](mailto:LaVern.baty@cms.hhs.gov)

Official communications regarding program matters should be sent simultaneously to Ms. LaVern Baty and to Ms. Jackie Glaze, Associate Regional Administrator (ARA) Centers for Medicare & Medicaid Services, Region IV. Ms. Glaze's address is:

Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
Atlanta Federal Center, 4<sup>th</sup> Floor  
61 Forsyth Street, SW, Suite 4T20  
Atlanta, GA 30303-8909

If you have additional questions, please contact Ms. Linda Nablo, Director, Division of State Coverage Programs, at (410) 786-5143. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs.

Sincerely,

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

Eliot Fishman  
Director

Enclosures

cc: Jackie Glaze, ARA, CMS Region IV  
Sheila Chavis, Healthy Connections, Medicaid



# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Eligibility for Medicaid Expansion Program

CS3

42 CFR 457.320(a)(2) and (3)

Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards:

There should be no overlaps or gaps for the ages entered.

### Age and Household Income Ranges

	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
+	0	1	194	208	X
+	1	6	143	208	X
+	6	19	107	208	X

### 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 50 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.

LOREI

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**

FEB 25 2014

**RECEIVED**

MAR 07 2014

Michael L. Jones  
Program Manager of Eligibility, Enrollment and Member Services  
Eligibility Administration  
Department of Health & Human Services  
P.O. Box 8206  
Columbia, SC 29202-8206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**RECEIVED**

FEB 27 REC'D

Dear Mr. Jones:

I am pleased to inform you that your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number SC-13-0027, submitted on December 31, 2013, and related to Modified Adjusted Gross Income (MAGI) Eligibility, has been approved with an effective date of January 1, 2014.

SPA number SC-13-0027 converts the state's existing income eligibility standards to MAGI-equivalent standards, by age group, for children covered in its title XXI-funded Medicaid program. A copy of the approved state plan page (CS3) is attached, and should be incorporated into the state's approved CHIP state plan. This page supersedes the current Medicaid expansion Section (4.0) of the current CHIP state plan.

Your title XXI project officer is Ms. LaVern Baty. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Baty's contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, MD 21244-1850  
Telephone: (410) 786-5480  
Facsimile: (410) 786-5882  
E-mail: [LaVern.baty@cms.hhs.gov](mailto:LaVern.baty@cms.hhs.gov)

Official communications regarding program matters should be sent simultaneously to Ms. LaVern Baty and to Ms. Jackie Glaze, Associate Regional Administrator (ARA) Centers for Medicare & Medicaid Services, Region IV. Ms. Glaze's address is:

Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
Atlanta Federal Center, 4<sup>th</sup> Floor  
61 Forsyth Street, SW, Suite 4T20  
Atlanta, GA 30303-8909

If you have additional questions, please contact Ms. Linda Nablo, Director, Division of State Coverage Programs, at (410) 786-5143. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs.

Sincerely,



Eliot Fishman  
Director

Enclosures

cc: Jackie Glaze, ARA, CMS Region IV  
Sheila Chavis, Healthy Connections, Medicaid



# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Eligibility for Medicaid Expansion Program

CS3

42 CFR 457.320(a)(2) and (3)

Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards:

There should be no overlaps or gaps for the ages entered.

### Age and Household Income Ranges

	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
+	0	1	194	208	X
+	1	6	143	208	X
+	6	19	107	208	X

### 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 50 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.