

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>WHS</i>	DATE <i>1/24/11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>.1011288</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>C: WHS for Kuer</i> <i>Dep's 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.			
2.			
3.			
4.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909



December 27, 2010

RECEIVED

JAN 04 2011

Ms. Emma Forkner, Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: South Carolina Title XIX State Plan Amendment, Transmittal #10-010

Dear Ms. Forkner:

We have reviewed South Carolina's State Plan Amendment (SPA) 10-010, which was submitted to the Atlanta Regional Office on March 25, 2010. This amendment establishes a new family planning eligibility group which moves individuals from the Family Planning Demonstration 1115 Waiver to the State Eligibility Option. Specifically, individuals eligible under this new family planning eligibility group are individuals who are not pregnant and whose income does not exceed the State established income limit of 185% of the Federal Poverty Level (FPL).

Based on the information provided, we would like to inform you that South Carolina SPA 10-010 was approved on December 22, 2010. The effective date is January 1, 2011. The signed CMS-179 and the approved plan pages are enclosed. If you have any questions regarding this amendment, please contact Tandra Hodges at (404) 562-7409.

Sincerely,

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

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	1. TRANSMITTAL NUMBER: SC 10-10	2. STATE South Carolina
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	4. PROPOSED EFFECTIVE DATE January 1, 2011	

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT

6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(10)(A)(i)(XXI)1902(ii) Section 2303 of the Affordable Care Act (ACA)	7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$13,916.00 b. FFY 2012 \$18,555.00
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 2.2-A, Pages 28 & 29 ATTACHMENT 3.1-A, Pages 2 and 2.a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): ATTACHMENT 3.1-A, Page 2
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10. SUBJECT OF AMENDMENT:

South Carolina is moving from the Family Planning Demonstration 1115 Waiver to the State Eligibility Option effective January 1, 2011. Individuals (men and women) eligible under this new family planning eligibility group are individuals who are not pregnant and whose income does not exceed the State established income limit of 185% of the Federal Poverty Level (FPL).

11. GOVERNOR'S REVIEW (*Check One*):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
 Mrs. Forkner was designated by the Governor to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Emma Forkner

13. TYPED NAME:

Emma Forkner

14. TITLE:

Director

15. DATE SUBMITTED:

October 25, 2010

16. RETURN TO:

South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

10-25-10

18. DATE APPROVED:

12/27/10

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01/01/11

20. SIGNATURE OF REGIONAL OFFICIAL:

Shirley Roberts for

21. TYPED NAME:

Jackie Glaze

22. TITLE:

Associate Regional Administrator
Division of Medicaid & Children's Health Ops

23. REMARKS:

Approved with following change as authorized by State Agency on email and letter dated 12/08/10.

Block # 8 changed to read: Attachment 2.2-A, Page 28 & 29, Supplement 8a to Attachment 2.6-A, Page 1, Attachment 3.1-A, Page 2 and 2.a

Block #9 changed to read: Attachment 2.2-A, Page 28 (New Page), Attachment 2.2-A, Page 29, Supplement 8a to Attachment 2.6-A, Page 1, Attachment 3.1-A, Page 2.

Revision:

CMS-PM-

ATTACHMENT 2.2-A

Page 28

OMB No.:

State/Territory South Carolina

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

**1902(a) (10) (A) (ii) (XXI)
1902(ii)**

☒

Individuals (men and women) who are not pregnant and whose income does not exceed the State established income standard of 185% of the Federal Poverty Level. This amount does not exceed the highest income limit for pregnant women in this State Plan, which is 185% of the Federal Poverty Level.

☐

In determining eligibility for this group, the State considers only the income of the applicant or recipient.

☒

In determining eligibility for this group, the State will exclude parental income for minors under age 18, consistent with the methodology described on page 1 of Supplement 8a to Attachment 2.6 of the State Plan.

1920C

Presumptive Eligibility for Family Planning:

☐

The State provides a period of presumptive eligibility for family planning services to individuals determined by a qualified entity, based on preliminary information from the individual, described in the group the State has elected to make eligible under the above option. The period of presumptive eligibility ends on the earlier of the date a formal determination of Medicaid eligibility is made under 1902(a) (10) (A) (ii) (XXI), or, when no application has been filed, the last day of the month following the month during which the qualified entity determines the individual presumptively eligible.

☐

In addition to family planning services, the State covers family planning-related services to such individuals during the period of presumptive eligibility.

TN No. SC 10-010 Approval Date: 12-22-10

Effective Date 01/01/11

Supersedes TN: No. New Page

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4.a. Nursing facility Services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☐ Provided: ☐ No limitations ☒ With limitations*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

☐ Provided: ☐ No limitations ☒ With limitations*

1905(a)(4)(C)

(i) Family planning services and supplies for individuals of child-bearing age and for individuals (including men) eligible pursuant to Att. 2.2-A, B, if this eligibility option is elected by the State. Family Planning services are available to all Medicaid beneficiaries and include medical and counseling services related to alternatives for birth control, pregnancy prevention services and STI/HIV testing and counseling/education prescribed and rendered by physicians, hospitals, clinics, pharmacies and other Medicaid providers.

☒ Provided ☐ No limitations ☒ With limitations

Please describe any limitation.

- Charges incurred when a beneficiary enters an outpatient facility for sterilization purposes, but then opts out of the procedure
- Colposcopy and biopsy of cervix/vagina
- Removal of contraceptive implants due to medical complications

-(ii) Family planning-related services provided under the above State Eligibility Option

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided ☒ with limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: ☐ No limitations ☒ With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

Provided: ☐ No limitations ☒ With limitations*

☐ Not Provided.

*Description provided on attachment.

TN No. SC 10-010
Supersedes MA 92-011
TN No. MA 92-011

Approval Date: 12-22-10

Effective Date 01/01/11

Revision: HCFA-PM-91-4
August 1991

(BPD)

SUPPLEMENT 8a to ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT*

☐ Section 1902(f) State ☒ Non-Section 1902(f) State

- A. For Qualified Medicare Beneficiaries, Aged and Disabled, Working Disabled, and Specified Low-Income Medicare Beneficiaries, the rules for valuing in-kind support and maintenance are not applied.
- B. For pregnant women with income below the state established poverty level (185% as of 7/90), a married pregnant minor who lives with her parents is automatically considered emancipated and her parents income is not considered in determining her eligibility.
- C. For pregnant women, infants and children with income below the state established poverty level (185% as of 7/90), a deduction of child care expenses of \$200 per month per child less the amount paid by the ABC voucher program for each child receiving child care is used.
- D. For individuals applying under Section 1902(m)(1) of the Act, disregard the first \$50 of unearned income.
- E. For Poverty Level Aged and Disabled when the annual Social Security and Railroad Retirement COLAs and Poverty Level adjustments cause ineligibility, disregard the most recent COLA increase. This disregard continues until the individual loses Medicaid coverage for any other reason for three consecutive months.
- F. For the Working Disabled Program, disregard unearned income between the SSI Federal Benefit Rate and 100% of the Federal Poverty Level.
- G. For minors under age 18 covered under Section 1902(a)(10)(A)(ii)(XXI) and 1902(ii) of the Act, all income of their parents is disregarded.

*More liberal methods may not result in exceeding gross income limitations under section 1903(f).

TN NO. SC 10-010
Supersedes:
TN No. SC 09-002

Approval Date: 12-22-10

Effective Date: 01/01/11