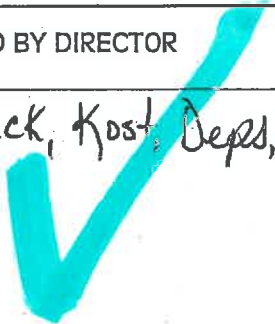


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO <i>Singleton/Chavis</i>	DATE <i>1-21-14</i>
-------------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000241</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.			
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**

January 13, 2014

Mr. Anthony E. Keck  
Director, Department of Health and Human Services  
1801 Main Street  
Columbia, SC 29201

**RECEIVED**

JAN 17 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Re: South Carolina State Plan Amendment 13-0016-MM3

Dear Mr. Keck:

Enclosed is an approved copy of South Carolina's state plan amendment (SPA) 13-0016-MM3, which was submitted to CMS on November 18, 2013. SPA 13-0016-MM3 incorporates the MAGI-Based Income Methodologies into South Carolina's state plan in accordance with the Affordable Care Act. This SPA was approved on January 10, 2014. The effective date of the SPA is January 1, 2014.

Enclosed is a copy of the new state plan pages to be incorporated within a separate section at the back of South Carolina's approved state plan:

- S10, Pages S10-1 and S10-2

In addition, enclosed is a summary of state plan pages which are superseded by SPA 13-0016-MM3, which should also be incorporated into a separate section in the front of the state plan:

- Superseding Pages of State Plan Material, 13-0016-MM3

Notwithstanding any other provisions of the South Carolina Medicaid state plan, the financial eligibility methodologies described in SPA SC 13-0016-MM3 will apply to all MAGI-based eligibility groups covered under South Carolina's Medicaid state plan. The MAGI financial methodologies set forth in 42 CFR §435.603 apply to everyone except those individuals described at 42 CFR §435.603(j) for whom MAGI-based methods do not apply. This SPA supersedes the current financial eligibility provisions of the Medicaid state plan only with respect to the MAGI-based eligibility groups.

Anthony Keck  
Page 2

Congratulations to you and your staff for your hard work and strong collaboration. If you have any questions, please contact Maria Drake at 404-562-3697 or [Maria.Drake@cms.hhs.gov](mailto:Maria.Drake@cms.hhs.gov).

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

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

Enclosures

## Medicaid State Plan Eligibility: Summary Page (CMS 179)

- State/Territory name:

South Carolina

- Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

SC-13-001

- Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

- Federal Statute/Regulation Citation**

1902(e)(14

- Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

- Subject of Amendment**

Character Count: out of 2000

S10= MAGI=Based Income Meth

- **Governor's Office Review**

- ☐ Governor's office reported no comment
- ☐ Comments of Governor's office received

Describe:

- ☐ No reply received within 45 days of submittal
- ☐ Other, as specified

Describe:

Character Count:  out of 2000

Mr. Anthony E. Keck was desig

- **Signature of State Agency Official**

- Submitted By:

Sheila Chavis

- Last Revision Date:

Dec 13, 2013

- Submit Date: Nov 18, 2013



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## MAGI-Based Income Methodologies

S10

1902(e)(14)  
42 CFR 435.603

- ☒ The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- ☒ The pregnant woman is counted just as herself.
- ☐ The pregnant woman is counted as herself, plus one.
- ☐ The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- ☒ Current monthly household income and family size
- ☐ Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- ☐ Include a prorated portion of a reasonably predictable increase in future income and/or family size.
- ☐ Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

- ☒ Yes ☐ No



# Medicaid Eligibility

☒ The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

☒ Age 19

☐ Age 19, or in the case of full-time students, age 21

## 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 40 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.