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**State/Territory Name: South Carolina**

**State Plan Amendment (SPA) #: SC-16-0001-MM1**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

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**

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January 20, 2017

Mr. Christian L. Soura, Director  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment, SC 16-0001-MM1

Dear Mr. Soura:

Enclosed is an approved copy of South Carolina's state plan amendment (SPA) 16-0001-MM1, which was submitted to CMS on December 22, 2016. The purpose of this amendment is to add the optional Medicaid eligibility group which provides coverage to women and men that is limited to family planning and family planning related services under the state plan (template S59).

Based on the information provided, the Medicaid SPA SC 16-0001-MM1 was approved on January 20, 2017. The effective date of this amendment is February 1, 2017. We are enclosing the HCFA-179 and the approved plan pages.

If you have any additional questions, please contact Maria Drake at (404) 562-3697 or [Maria.Drake@cms.hhs.gov](mailto:Maria.Drake@cms.hhs.gov).

Sincerely,

//s//

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-16-0001

**Proposed Effective Date**

02/01/2017 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

42 C.F.R 435.214 Eligibility for Medicaid Limited to Family Planning and Related Services

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2017	\$0.00
Second Year	2018	\$0.00

**Subject of Amendment**

The Amendment will provide a Family Planning Only option for individuals wishing to apply only for this limited benefit. It will offer an abbreviated application and will consider the applicant a household of one, considering only their income for eligibility.

**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:

Mr. Christian Soura was designated by the Governor to review and approve all State Plans for South Carolina

**Signature of State Agency Official**

**Submitted By:** **Sheila Chavis**  
**Last Revision Date:** **Jan 18, 2017**  
**Submit Date:** **Dec 22, 2016**



# Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: SC - 16 - 0001

## Eligibility Groups - Options for Coverage Individuals Eligible for Family Planning Services S59

1902(a)(10)(A)(ii)(XXI)  
42 CFR 435.214

**Individuals Eligible for Family Planning Services** - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.

Yes  No

The state attests that it operates this eligibility group in accordance with the following provisions:

The individual may be a male or a female.

Income standard used for this group

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.

**An attachment is submitted.**

The state's maximum income standard for this eligibility group is the highest of the following:

The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.

The state's current effective income level for pregnant women under a Medicaid 1115 demonstration.

The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.

The state's current effective income level for pregnant women under a CHIP 1115 demonstration.

The amount of the maximum income standard is:  % FPL

Income standard chosen

The state's income standard used for this eligibility group is:

The maximum income standard

Another income standard less than the maximum standard allowed.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

In determining eligibility for this group, the state uses the following household size:



# Medicaid Eligibility

- All of the members of the family are included in the household
- Only the applicant is included in the household
- The state increases the household size by one
- In determining eligibility for this group, the state uses the following income methodology:
  - The state considers the income of the applicant and all legally responsible household members (using MAGI-based methodology).
  - The state considers only the income of the applicant.
- Benefits for this eligibility group are limited to family planning and related services described in the Benefit section.
- Presumptive Eligibility
  - The state makes family planning services and supplies available to individuals covered under this group when determined presumptively eligible by a qualified entity.
  - Yes     No

### 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.

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