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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: 17-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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

October 24, 2017

Ms. Deirdra Singleton
Acting Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment (SPA), SC 17-0004

Dear Ms. Singleton;

Enclosed is an approved copy of South Carolina's state plan amendment (SPA) 17-0004, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 29, 2017. The purpose of this amendment is to add former foster care youth (individuals under age 26 who were in foster care in South Carolina at the age of 18) to the list of eligibility groups that will be mandatory enrolled in coordinated care.

Based on the information provided, the Medicaid SPA SC 17-0004 was approved on October 24, 2017. The effective date of this amendment is July 1, 2017. We are enclosing the approved HCFA-179 and the plan page.

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

Sincerely,

//s//

Shantrina Roberts
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-0004	2. STATE South Carolina
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2017	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Sections 1902(a)(10)(A)(i)(IX) of the Act and 1932(a)(1)(A)(i)		7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$ 0 b. FFY 2018 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-F, page, 5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-F, page, 5	
10. SUBJECT OF AMENDMENT: This plan amendment will add former foster care youth (individuals under age 26 who were in foster care in South Carolina at the age of 18) to the list of eligibility groups that will be mandatorily enrolled in coordinated care.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Ms. Singleton was designated by the Governor to review and approve all State Plans	
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//		16. RETURN TO:	
13. TYPED NAME: Deirdra T. Singleton		South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206	
14. TITLE: Acting Director			
15. DATE SUBMITTED: September 27, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 09/29/17		18. DATE APPROVED: 10/24/17	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/17		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Shantrina Roberts		22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations	
23. REMARKS:			

State: South Carolina

Citation

Condition or Requirement

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- ix. Aged or disabled beneficiaries (ABD) who have countable monthly income at or below 100% of the Federal Poverty level and resources below a defined limit.
- x. Working Disabled beneficiaries who meet the Social Security definition of disabled and are working who also meet financial criteria.
- xi. Beneficiaries who are uninsured women diagnosed and found to need treatment for breast and/or cervical cancer or pre-cancerous lesions.
- xii. Individuals under age 26 who were in foster care in South Carolina at age 18 and receiving Medicaid.

2. Mandatory exempt groups identified in 1932(a)(1)(A)(i) and 42 CFR 438.50.

Use a check mark to affirm if there is voluntary enrollment any of the following mandatory exempt groups.

1932(a)(2)(B)
42 CFR 438(d)(1)

i. Recipients who are also eligible for Medicare.

If enrollment is voluntary, describe the circumstances of enrollment.
(Example: Recipients who become Medicare eligible during mid-enrollment, remain eligible for managed care and are not disenrolled into fee-for-service.)

1932(a)(2)(C)
42 CFR 438(d)(2)

ii. √ Indians who are members of Federally recognized Tribes except when the MCO or PCCM is operated by the Indian Health Service or an Indian Health program operating under a contract, grant or cooperative agreement with the Indian Health Service pursuant to the Indian Self Determination Act; or an Urban Indian program operating under a contract or grant with the Indian Health Service pursuant to title V of the Indian Health Care Improvement Act.

Tribal members are identified by Indian Health Service providers and associated claims are paid under the fee-for-service system.

1932(a)(2)(A)(i)
42 CFR 438.50(d)(3)(i)

iii. √ Children under the age of 19 years, who are eligible for Supplemental Security Income (SSI) under title XVI.

1932(a)(2)(A)(iii)
42 CFR 438.50(d)(3)(ii)

iv. √ Children under the age of 19 years who are eligible under 1902(e)(3) of the Act.