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State/Territory Name: South Carolina

State Plan Amendment (SPA) #:13-0017-MM5

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) 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

May 16, 2014

Mr. Anthony E. Keck, Director Department of Health and Human Services P.O. Box 8206 Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

RE: State Plan Amendment (SPA) 13-0017-MM5

Dear Mr. Keck:

Enclosed is an approved copy of South Carolina's state plan amendment (SPA) 13-0017-MM5, which was submitted to CMS on November 18, 2013. SPA 13-0017-MM5 affirms state residency regulations and addresses interstate agreements and temporary absence in accordance with the Affordable Care Act. This SPA was approved on May 14, 2014. The effective date of the SPA is January 1, 2014.

Enclosed is a copy of the new state plan pages and attachments to be incorporated within a separate section at the back of South Carolina's approved state plan, as well as a summary of the state plan pages which are superseded by SPA 13-0017-MM5, which should be incorporated into a separate section in the front of the state plan.

Congratulations to you and your staff for your hard work and strong collaboration. If you have any additional questions or need further assistance, please contact Maria Drake at (404) 562-3697 or 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-13-001

Proposed Effective Date

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

Federal Statute/Regulation Citation

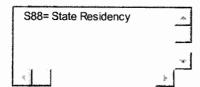
42 CFR 43!

Federal Budget Impact

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

Subject of Amendment

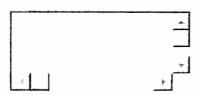
Character Count: out of 2000



Governor's Office Review

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

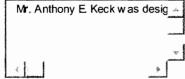
Describe:



- o No reply received within 45 days of submittal
- o Cther, as specified

Describe:





Signature of State Agency Official

o Submitted By:

Sheila Chavis

Last Revision Date: Apr 11, 2014

Submit Date: Nov 18, 2013

0

SUPERSEDING PAGES OF STATE PLAN MATERIAL					
TRANSMITTAL NUMBER:	STATE:				
13-0017 MM5	South Carolina				
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):				
S88 Non-Financial Eligibility- State Residency	Section 2, Item 2.3, Page 13, TN 87-16 Attachment 2.6-A: Page 3, item (4), TN 13-0018 MM6				



OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

	Non-Financial Eligibility State Residency S88					
42	CFR	435.403				
Sta	te R	esidency				
V		e state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under tain conditions.				
	Ind	ividuals are considered to be residents of the state under the following conditions:				
		Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:				
		■ Intends to reside in the state, including without a fixed address, or				
		■ Entered the state with a job commitment or seeking employment, whether or not currently employed.				
		Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.				
		Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:				
		Residing in the state, with or without a fixed address, or				
		The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.				
		Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:				
		Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or				
		Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or				
		If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.				
		Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.				
		Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.				
		Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.				
		IV-E eligible children living in the state, or				
L						

TN: 13-0017-MM5 South Carolina Approval Date: 05/14/14

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Otherwise meet the requirements of 42 CFR 435.403.

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Meet the criteria specified in an interstate agreement.								
← Yes ← No								
The state has interstate agreements with the following selected states:								
		Montana						
		Nebraska	South Carolina					
	⊠ Iowa	Nevada	South Dakota					
		New Hampshire	Tennessec					
	⋉ Kentucky	New Jersey	▼ Texas					
		New Mexico						
	Maine	New York	∇ermont					
□ Delaware	Maryland	✓ North Carolina	∀irginia					
	⊠ Massachusetts	North Dakota	Washington ✓					
		☑ Ohio	West Virginia					
⊠ Georgia	Minnesota	Oklahoma	Wisconsin					
	Mississippi Mississippi	Oregon	☐ Wyoming					
	Missouri	Pennsylvania						
The interstate agreement contains a procedure for providing Medicaid to individuals pending resolution of their residency status and criteria for resolving disputed residency of individuals who (select all that apply): Are IV-E eligible Are in the state only for the purpose of attending school								
Are out of the state only	Are out of the state only for the purpose of attending school							
Retain addresses in both	Retain addresses in both states							
Other type of individual								
The state has a policy related to individuals in the state only to attend school.								
← Yes ← No								
Otherwise meet the criteria of resident, but who may be temporarily absent from the state.								
The state has a definition of temporary absence, including treatment of individuals who attend school in another state.								

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Effective Date: 01/01/14

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Provide a description of the definition:

An individual cannot be denied Medicaid due to residency if the individual is temporarily absent from the state and intends to return when the purpose of the absence has been accomplished, unless another state has accepted him/her as a resident for Medicaid purposes.

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.

TN: 13-0017-MM5 South Carolina Approval Date: 05/14/14

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Effective Date: 01/01/14