

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

December 12, 2012

RECEIVED

DEC 20 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

Re: South Carolina (SC) Title XIX State Plan Amendment (SPA), Transmittal #12-016

Dear Mr. Keck:

We have reviewed the proposed South Carolina State plan amendment (SPA) 12-016, which was submitted to the Atlanta Regional Office on September 28, 2012. This amendment implements Express Lane Eligibility (ELE) for children (younger than age 19) currently enrolled in the State's Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) programs. The SNAP and TANF programs are administered by the SC Department of Social Services (SCDSS). SCDSS has been designated as the Express Lane Agency.

Based on the information provided, the Medicaid State plan amendment SC 12-016 was approved on December 11, 2012. The effective date of this amendment is September 1, 2012. We are enclosing the approved CMS-179 and plan pages.

If you have any additional questions or need further assistance, please contact Rita Nimmons at (404) 562-7415 or Rita.Nimmons@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

**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 12-016

2. STATE
South Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
September 1, 2012

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

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

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
1902(e)(13) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2012 \$ 1,542,801
b. FFY 2013 \$ 62,473,154

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 2.2-A, pages 11b, 11c & 11d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Attachment 2.2-A, pages 11b, 11c & 11d

10. SUBJECT OF AMENDMENT:

Express Lane Eligibility for children currently enrolled in SNAP and TNAF.

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:
Mr. Keck was designated by the
Governor to review and approve all
State Plans.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



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

13. TYPED NAME:
Anthony E. Keck

14. TITLE:
Director

15. DATE SUBMITTED:
September 27, 2012

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
09/28/12

18. DATE APPROVED: 12/11/12

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
09/01/12

20. SIGNATURE OF REGIONAL OFFICIAL:


20. TITLE: Associate Regional Administrator
Division of Medicaid & Children Health Opns

21. TYPED NAME:
Jackie Glaze

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State: South Carolina

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

1902(e)(13) of
the Act

X (e) Express Lane Option. The Medicaid State agency elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority may not apply to eligibility determination made before February 4, 2009, or after September 30, 2013.

- (1) The Express Lane option is applied to:
 Initial Determinations Redeterminations
 Both
- (2) A child is defined as younger than age:
 19 20 21
- (3) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:

The South Carolina Department of Social Services (SCDSS) in the administration of the Supplemental Nutritional Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF) Program.

- (4) The following component/components of Medicaid eligibility are determined under the Express Lane option. Also, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children and the determination under the Express Lane option.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State: South Carolina

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
 (Continued)

Income, budget unit and resources will be used to determine Medicaid eligibility. The following summarizes differences in methodology:

Income: Medicaid – 200% FPL

SNAP – 130% FPL

TANF – 50%FPL

Income disregards: Medicaid – Standard work deduction of \$100 is applied to the determined monthly gross earned income; the first \$50 of child support; a deduction for dependent care expense allowed for up to \$200 per month, per child under age 12 or incapacitated adult reduced by the amount of Childcare Assistance; the income of family members who receive SSI.

SNAP - standard deduction (\$142 for household size of 1-3); 20% of earned income; maximum excess shelter deduction of up to \$417; mandatory utility allowance of \$272 if the household has heating/cooling costs or a basic utility allowance of \$134 or actual utility expenses and a telephone allowance of \$33; monthly dependent care expenses; legally obligated child support deduction; medical deduction

TANF - a 50% earned income disregard for four months provided they pass the gross income test or \$100 earned income disregard following the fourth month of the 50% disregard

Budget unit: Medicaid - income and resources of the parents and children in the home.

SNAP – the child and other individuals who purchase food or prepare meals together for home consumption

TANF - The dependent child(ren) for whom assistance is requested, the biological, legal or adoptive parent, stepparent(s), minor, adoptive and half-siblings.

Resources: Medicaid - \$30,000 limit per budget unit.

SNAP - \$2,000 per budget unit

TANF - \$2,500 per budget unit

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Medical Assistance Program

State: South Carolina

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

(5) Check off which option is used to satisfy the Screen and Enroll requirement before a child may be enrolled under title XXI.

(a) Screening threshold established by the Medicaid agency as:
 (i) _____ percentage of the Federal Poverty level which exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points: specify _____; or

(ii) _____ percentage of the Federal poverty level (describe how this reflects the value of any difference between income methodologies of Medicaid and the Express Lane agency); or

(b) Temporary enrollment pending screen and enroll.

(c) State's regular screen and enroll process for CHIP.

(6) The State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child's or family's affirmative consent to child's Medicaid enrollment.

(7) Check off if the State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.