

Records / Submission Packages - Your State

# SC - Submission Package - SC2022MS0004O - (SC-22-0004) - Eligibility

Summary   Reviewable Units   Versions   Correspondence Log   News   Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Chicago Regional Office  
233 North Michigan Avenue, Suite 600  
Chicago, IL 60601



## Center for Medicaid & CHIP Services

May 06, 2022

Robert Kerr  
Director  
South Carolina Department of Health and Human Services  
1801 Main St.  
Columbia, SC 29201

Re: Approval of State Plan Amendment SC-22-0004

Dear Robert Kerr,

On March 24, 2022, the Centers for Medicare and Medicaid Services (CMS) received South Carolina State Plan Amendment (SPA) SC-22-0004 to provide continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month period (beginning on the last day of the pregnancy) ends.

We approve South Carolina State Plan Amendment (SPA) SC-22-0004 with an effective date(s) of April 22, 2022.

If you have any questions regarding this amendment, please contact Rita Nimmons at [rita.nimmons@cms.hhs.gov](mailto:rita.nimmons@cms.hhs.gov).

Sincerely,

James G. Scott

Director, Division of Program Operations  
Center for Medicaid & CHIP Services

**SC - Submission Package - SC2022MS00040 - (SC-22-0004) - Eligibility**

Summary   Reviewable Units   Versions   Correspondence Log   Approval Letter   News   Related Actions

**Medicaid State Plan Eligibility****Eligibility and Enrollment Processes****Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage**

MEDICAID | Medicaid State Plan | Eligibility | SC2022MS00040 | SC-22-0004

CMS-10434 OMB 0938-1188

**Package Header**

<b>Package ID</b>	SC2022MS00040	<b>SPA ID</b>	SC-22-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/24/2022
<b>Approval Date</b>	5/6/2022	<b>Effective Date</b>	<u>4/22/2022</u>
<b>Superseded SPA ID</b>	New User-Entered		

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

**A. Mandatory Continuous Eligibility for Pregnant Women**

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

**B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women**

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

Yes

No

- This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
- Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
- Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
  - The individual requests voluntary termination of eligibility;
  - The individual ceases to be a resident of the state;
  - The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
  - The individual dies.

**C. Additional Information (optional)**

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

*This view was generated on 6/7/2022 9:47 AM EDT*