

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: SC 08-025	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 November 1, 2008	
5. TYPE OF PLAN MATERIAL (Check One):			
<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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY 2009 \$140,000 b. FFY 2010 \$140,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Limitation Supplement, Page 1a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Limitation Supplement, Page 1a	
10. SUBJECT OF AMENDMENT: Reimbursement for Rural Health Clinics applying Fluoride Varnish.			
11. GOVERNOR'S REVIEW (Check One):			
<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. Forkner was designated by the Governor to review and approve all State Plans	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Emma Forkner		SC Department of Health and Human Services Post Office Box 8206 Columbia, South Carolina 29202-8206	
14. TITLE: Director			
15. DATE SUBMITTED: November 18, 2008			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 11/19/08		18. DATE APPROVED: 10/02/09	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/01/08		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Mary Kaye Justis, RN, MBA		22. TITLE: Acting Associate Regional administrator Division of Medicaid & Children's Health Opns	
23. REMARKS: Approved with following changes as authorized by State Agency on email dated 09-16-09: Block #8, Attachment 3.1.A, Limitation Supplement, page 1a changed to read; Attachment 3.1-A, Limitation Supplement, page 1a and Attachment 4.19-B, page 1c: Block #9, Attachment 3.1.A, Limitation Supplement, page 1a changed to read; Attachment 3.1-A, Limitation Supplement, page 1a and Attachment 4.19-B, page 1c:			