

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: SC 09-013	2. STATE South Carolina
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FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
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TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2009
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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: 42 CFR, Subpart C	7. FEDERAL BUDGET IMPACT: 79.58%
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a. FFY 2010 \$ 9.0 million (\$11.3 million x 79.58%)
b. FFY 2011 \$ Multipliers will be updated

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 1a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B, Page 1a
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10. SUBJECT OF AMENDMENT:
Updated hospital specific outpatient multipliers effective October 1, 2009.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Ms. Forkner was designated by the
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Governor to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Emma Forkner</i>	16. RETURN TO: South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206
13. TYPED NAME: Emma Forkner	
14. TITLE: Director	
15. DATE SUBMITTED: December 18, 2009	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/18/09	18. DATE APPROVED: 03/15/10
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/09	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Jackie Glaze</i>
21. TYPED NAME: Jackie Glaze	22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children's Health Opns

23. REMARKS: