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| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b><br><br><b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b> | 1. TRANSMITTAL NUMBER:<br>SC 10-004  | 2. STATE<br>South Carolina |
|  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) |                            |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES            | 4. PROPOSED EFFECTIVE DATE<br>October 1, 2010                              |                            |

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)

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| 6. FEDERAL STATUTE/REGULATION CITATION:<br>Section 1932(a)(1)(A) of the Social Security Act (the Act) Section of 1902 of the Act of statewideness (42CFR 431.50) freedom of choice (42 CFR 431.51 or comparability (42CFR 440.230) and 42 CFR 438.50 | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 10-11      \$ Budget neutral<br>b. FFY 11-12      \$ Budget neutral                  |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br>Attachment 3.1-F, Pages 1 through 13  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br><br>Attachment 3.1-F, Pages 1 through 13 |

10. SUBJECT OF AMENDMENT:

The State of South Carolina enrolls Medicaid beneficiaries on a mandatory basis into managed care entities (managed care organization (MCOs) and/or primary care case management programs (PCCMs)) in the absence of section 1115 or section 1915(b) waiver authority.

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

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL: | 16. RETURN TO:  |
| 13. TYPED NAME:<br>Emma Forkner         | South Carolina Department of Health and Human Services<br>Post Office Box 8206<br>Columbia, South Carolina 29202-8206 |
| 14. TITLE:<br>Director                  |   |
| 15. DATE SUBMITTED:<br>July 1, 2010     |   |

**FOR REGIONAL OFFICE USE ONLY**

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| 17. DATE RECEIVED:<br>07/01/10                       | 18. DATE APPROVED:<br>12/22/10  |
| PLAN APPROVED - ONE COPY ATTACHED                    |   |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br>10/01/10 | 20. SIGNATURE OF REGIONAL OFFICIAL:   |
| 21. TYPED NAME:<br>Jackie Glaze                      | 22. TITLE:<br>Associate Regional Administrator<br>Division of Medicaid & Children's Health Opns |
| 23. REMARKS:   |   |