

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
SC 10-010

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
January 1, 2011

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(a)(10)(A)(ii)(XXI)1902(ii)
Section 2303 of the Affordable Care Act (ACA)

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 \$13,916.00
b. FFY 2012 \$18,555.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 2.2-A, Pages 28 & 29
ATTACHMENT 3.1-A, Pages 2 and 2.a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

ATTACHMENT 3.1-A, Page 2

10. SUBJECT OF AMENDMENT:

South Carolina is moving from the Family Planning Demonstration 1115 Waiver to the State Eligibility Option effective January 1, 2011. Individuals (men and women) eligible under this new family planning eligibility group are individuals who are not pregnant and whose income does not exceed the State established income limit of 185% of the Federal Poverty Level (FPL).

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:
Mrs. Forkner was designated by the Governor to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Emma Forkner

14. TITLE:
Director

15. DATE SUBMITTED:
October 25, 2010

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

10-25-10

18. DATE APPROVED:

12/22/10

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01/01/11

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Jackie Glaze

22. TITLE:

Associate Regional Administrator
Division of Medicaid & Children's Health Opns

23. REMARKS:

Approved with following change as authorized by State Agency on email and letter dated 12/08/10.

Block # 8 changed to read: Attachment 2.2-A, Page 28 & 29, Supplement 8a to Attachment 2.6-A, Page 1, Attachment 3.1-A, Page 2 and 2a

Block #9 changed to read: Attachment 2.2-A, Page 28 (New Page), Attachment 2.2-A, Page 29, Supplement 8a to Attachment 2.6-A, Page 1, Attachment 3.1-A, Page 2.