

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

1. TRANSMITTAL NUMBER: 11-016	2. STATE South Carolina
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE 11/01/2011
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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: Section 2301 of the Affordable Care Act 2010

7. FEDERAL BUDGET IMPACT:
a. FFY 2012 \$ N/A
b. FFY 2013 \$ N/A


8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Page 10 Attachment 3.1-A, Limitation Supplement Page 10a Attachment 4.19-B Page 6h.4
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9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Limitation Supplement Page 10a Attachment 4.19-B Page 6h.4

10. SUBJECT OF AMENDMENT:
The Patient Protection and Affordable Care Act (P.L. 111-148) as Amended by the Health Care and Education Act of 2010 (P.L. 11-152), Title II, Subtitle D, Section 2301 establishes care provided in free-standing birth centers as a mandatory Medical Service.

11. GOVERNOR'S REVIEW (Check One):

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

12. SIGNATURE OF STATE AGENCY OFFICIAL: 
13. TYPED NAME: Anthony E. Keck
14. TITLE: Director
15. DATE SUBMITTED: September 28, 2011

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: 09/28/11

18. DATE APPROVED: 12/21/11

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/01/11
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20. SIGNATURE OF REGIONAL OFFICIAL: 

21. TYPED NAME: Jackie Cfaze

22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:
Approved with the following changes to item 4 as authorized by State Agency on email dated 12/15/11:
Block #4 changed to read : September 15, 2011; Block #5 changed to read: Amendment
Block #8 changed to read: Attachment 3.1-A, page 10; attachment 3.1-A, Limitation Supplement page 10a; and Attachment 4.19-B pages 3, 6h-4 and 6h-5. Block #9 changed to read: Attachment 3.1-A, Limitation Supplement page 10a and Attachment 4.19-B pages 3 and 6h.4.