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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: 17-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

June 26, 2017

Ms. Deidra T. Singleton
Acting Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

Re: South Carolina State Plan Amendment 17-0011

Dear Ms. Singleton:

We have reviewed the proposed South Carolina state plan amendment, SC 17-0011, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 22, 2017. This amendment updates the name of the designee that is authorized to submit state plan amendments for the South Carolina Department of Health and Human Services.

Based on the information provided, the Medicaid State Plan Amendment SC 17-0011 was approved on June 26, 2015. The effective date of this amendment is April 10, 2017. We are enclosing the approved HCFA-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Maria Drake at (404) 562-3697 or Maria.Drake@cms.hhs.gov.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 17-0011	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 April 10, 2017

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 430.12 (b) (2) (i)	7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$ 0 b. FFY 2018 \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Basic Index page 89	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Basic Index page 89
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10. SUBJECT OF AMENDMENT:
This plan amendment updates the name of the designee to submit State Plan Amendments (SPAs) for the state of South Carolina.

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

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Ms. Singleton 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: //s//	16. RETURN TO: South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206
13. TYPED NAME: Deirdra T. Singleton	
14. TITLE: Acting Director	
15. DATE SUBMITTED: June 22, 2017	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 06/22/17	18. DATE APPROVED: 06/26/17

PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/10/17	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB NO. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

Citation (s) 7.4 State Governor's Review

42 CFR 430.12 (b) The Medicaid agency will provide opportunity for the office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare and Medicaid Services with such documents.

- Not applicable. The Governor--
- Does not wish to review any plan material.
- Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plans on behalf of
South Carolina Department of Health and Human Services

(Designated Single State Agency)

Date: April 10, 2017



(Signature)

Acting Director

(Title)