

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO <i>Wells</i>	DATE <i>9-17-08</i>
--------------------	------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <i>200150</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Fortner, Dept</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

<b>APPROVALS</b> (Only when prepared for director's signature)	<b>APPROVE</b>	<b>* DISAPPROVE</b> (Note reason for disapproval and return to preparer.)	<b>COMMENT</b>
1.			
2.			
3.			
4.			

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth St., Suite 4120  
Atlanta, Georgia 30303-8909



September 10, 2008

**RECEIVED**

SEP 17 2008

Ms. Emma Forkner, Director  
South Carolina Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Re: South Carolina Title XIX State Plan Amendment, Transmittal #08-020

Dear Ms. Forkner:

We have reviewed South Carolina's State Plan Amendment (SPA) 08-020, which was submitted to the Atlanta Regional Office on August 20, 2008. This amendment ensures that the State Medicaid Agency complies with the requirements of the Medicaid Integrity Program established under the DRA of 2005, Sections 1936 and 1902(a)(69) of the Social Security Act.

Based on the information provided, we are pleased to inform you that South Carolina SPA 08-020 was approved on September 9, 2008. The effective date is July 1, 2008. The signed CMS-179 and the approved plan page are enclosed. If you have any questions regarding this amendment, please contact Rita Nimmons at (404) 562-7415.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary Kaye Justis". The signature is written in a cursive, flowing style.

Mary Kaye Justis, RN, MBA  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

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

1. TRANSMITTAL NUMBER:  
SC 08-020

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  
July 1, 2008

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:

7. FEDERAL BUDGET IMPACT:

Sections 1936 and 1902(a)(69) of the Social Security Act (the Act) (section 6034  
of the Deficit Reduction Act of 2005 (DRA)).

a. FFY 2009 \$-0-  
b. FFY 2010 \$-0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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

Attachment 4.43

10. SUBJECT OF AMENDMENT:

" Section 1902(a)(69) of the Act requires that the Medicaid State plan "provide that the State must comply with any requirements determined by the Secretary to be necessary for carrying out the Medicaid Integrity Program established under section 1936."

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

*Emma Shaw*

13. TYPED NAME:  
Emma Forkner

14. TITLE:  
Director

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

15. DATE SUBMITTED:  
August 19, 2008

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
08/20/08

18. DATE APPROVED:  
09/18/08

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
7/01/08

20. SIGNATURE OF REGIONAL OFFICE: *Debra B. Myers*

21. TYPED NAME:  
Mary Kaye Justis, RN, MBA

22. TITLE: Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Ops

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: SOUTH CAROLINA

Citation 4.43 Cooperation with Medicaid Integrity Program Efforts.  
1902(a) (69) of The Medicaid agency assures it complies with such  
the Act, requirements determined by the Secretary to be necessary  
P.L. 109-171 for carrying out the Medicaid Integrity Program established  
(section 6034) under section 1936 of the Act.

TN No: SC 08-020  
Supersedes  
TN No: New Page

Approval Date: 09/08/08

Effective Date: 07/01/08