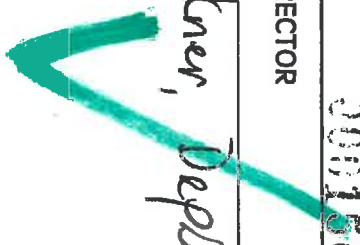


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

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

DIRECTOR'S USE ONLY	ACTION REQUESTED
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. Forbner, Depd</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
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,

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 Forkner

13. TYPED NAME:

Emma Forkner

South Carolina Department of Health and Human Services

Post Office Box 8206

Columbia, SC 29202-8206

14. TITLE:

Director

15. DATE SUBMITTED:

August 19, 2008

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

08/20/08

18. DATE APPROVED:

09/01/08

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICE:

Deanna Delmonte

21. TYPED NAME:

7/01/08

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

Mary Kaye Justis, RN, MBA

23. REMARKS:

ATTACHMENT 4.43

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: SOUTH CAROLINA

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