

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Kost/Chavis</i>	DATE <i>9-12-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000108</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Kost, Deps, cms file</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
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

September 9, 2013

RECEIVED

SEP 12 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Anthony E. Keck, Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Re: Title XIX State Plan Amendments, Transmittals 12-001 through 12-009

Dear Mr. Keck:

We accept your request, dated September 5, 2013 to withdraw the RAI responses for South Carolina 12-001 through 12-009.

If you have any questions or need further assistance, please contact Cheryl Wigfall at 803-252-7299 or Maria Drake at 404-562-3697.

Sincerely,

Charna R. Pettaway
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations