

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singleton/Charis</i>	<i>5-23-14</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000386</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keith Kost, Depo, 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**

May 16, 2014

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

**RECEIVED**

**MAY 22 2014**

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment, SC 11-022

Dear Mr. Keck:

We accept your request, dated May 15, 2014, to withdraw the response to the RAI for the above State Plan Amendment.

If you have any questions regarding this amendment, please contact Stanley Fields at (502)223-5332.

Sincerely,

A handwritten signature in black ink that reads "Jackie Glaze" with a small "for" written below it.

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