

**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 <p align="center"><i>000386</i></p>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, 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 cursive script that reads "Irina Roberts" with a small flourish below it that appears to say "for".

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