

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	Singh/Chavis
DATE	8-22-13

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER		I 1 Prepare reply for the Director's signature	
000079		DATE DUE	
2. DATE SIGNED BY DIRECTOR		I 1 Prepare reply for appropriate signature	
cc: Mr. Beck, Kost, Deps, CUS file		DATE DUE	
		I 1 FOIA	
		DATE DUE	
		I 1 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



August 15, 2013

Mr. Anthony E. Keck

Director

SC Department of Health and Human Services

Post Office Box 8206
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

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

Dear Mr. Keck:

We accept your request, dated August 14, 2013, 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,

Jackie Glaze

Jackie Glaze

Associate Regional Administrator

Division of Medicaid & Children's Health Operations