


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>4-14-08</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000534</i>		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forthner, Deps, Jacobs</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.			

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3.			
4.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



April 9, 2008

RECEIVED

APR 14 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 #08-002

Dear Ms. Forkner:

We have reviewed South Carolina's State Plan Amendment (SPA) 08-002, which was submitted to the Atlanta Regional Office on December 19, 2007. This amendment updates the South Carolina State Plan with the name of the new Medicaid Director, the name of the single State agency certified by the South Carolina State Attorney General, and also updates the State Law authorizing the single State agency.

Based on the information provided, we are pleased to inform you that South Carolina SPA 08-002 was approved on April 4, 2008. The effective date is January 1, 2008. The signed CMS-179 and the approved plan pages are enclosed. If you have any questions regarding this amendment, please contact Elaine Elmore at (404) 562-7408.

Sincerely,

Jay Gavens
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR

HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

6. FEDERAL STATUTE/REGULATION CITATION:

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

7. FEDERAL BUDGET IMPACT:

a. FFY 2008 \$-0-
b. FFY 2009 \$-0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 89 and Attachment 1.1-A, Pages 1 & 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable):

Page 89 and Attachment 1.1-A, Page 1

10. SUBJECT OF AMENDMENT:

To update the name of the Agency and the South Carolina law.

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:

Emma Forkner

16. RETURN TO:

South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

13. TYPED NAME:

Emma Forkner

14. TITLE:

Director

15. DATE SUBMITTED:

February 14, 2008

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

12/19/08

18. DATE APPROVED:

04/04/08

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01/01/08

20. SIGNATURE OF REGIONAL OFFICIAL:

Jay Gavens

21. TYPED NAME:

Jay Gavens

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

23. REMARKS:

Revision: HCFA-PM-91-4
August 1991

(BPD)

OMB NO. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

Citation (s) 7.4 State Governor's Review

42 CFR 430.12 (b)

The Medicaid agency will provide opportunity for the office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare and Medicaid Services with such documents.

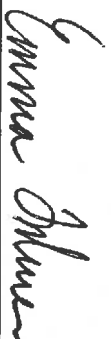
- ☒ Not applicable. The Governor--
- ☒ Does not wish to review any plan material.
- ☐ Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plans on behalf of

South Carolina Department of Health and Human Services

(Designated Single State Agency)

Date: February 14, 2008



(Signature)

Director
(Title)

TN No.: SC 08-002
Supersedes MA 92-07 Approval Date: 04/04/08 Effective Date: 01/01/08

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State of South Carolina

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

South Carolina Department of Health and Human Services is the
single State agency responsible for:

☒ administering the plan.

The legal authority under which the agency administers the plan
on a Statewide basis is:

§ 44-6-30, SC Code, 1976, as amended

(Statutory citation)

☐ supervising the administration of the plan by local political
subdivisions.

The legal authority under which the agency supervises the
administration of the plan on a Statewide basis is contained in

(Statutory citation)

The agency's legal authority to make rules and regulations that
are binding on the political subdivision administering the plan
is

(Statutory citation)

DATE

3-20-08


Signature

HENRY MCMASTER
ATTORNEY GENERAL

State of South Carolina
Title

TN No.: SC 08-002

Supersedes Approval Date: 04/04/08

Effective Date: 01/01/08

TN No.: MA 84-6

South Carolina Code of Laws
Title 44 – Health

CHAPTER 6.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ARTICLE 1.

GENERAL PROVISIONS

.....

SECTION 44-6-30. Duties and limitations.

The department shall:

- (1) administer Title XIX of the Social Security Act (Medicaid), including the Early Periodic Screening, Diagnostic and Treatment Program, and the Community Long-Term Care System;
- (2) be designated as the South Carolina Center for Health Statistics to operate the Cooperative Health Statistics Program pursuant to the Public Health Services Act;
- (3) be prohibited from engaging in the delivery of services.

.....

TN No.: SC 08-002 Approval Date: 04/04/08 Effective Date: 01/01/08
Supersedes _____
TN No.: New Page