

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Hess</i>	DATE <i>5-25-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100524</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Fock, Depo, CMS file, 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.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4120
Atlanta, Georgia 30303-8909



May 18, 2011

RECEIVED

Mr. Anthony E. Keck, Director

MAY 25 2011

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 #11-010

Dear Mr. Keck:

We have reviewed South Carolina's State Plan Amendment (SPA) 11-010, which was submitted to the Atlanta Regional Office on April 26, 2011. This amendment was submitted as part of the Affordable Care Act (ACA) of 2010, Section 6505 entitled, "Prohibition on Payments to Institutions or Entities Located Outside of the United States."

Specifically, the SPA amends section 1902 of the Social Security Act and requires that a State shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States.

Based on the information provided, we would like to inform you that South Carolina SPA 11-010 was approved on May 16, 2011. The effective date is June 1, 2011. The signed CMS-179 and the approved plan pages are enclosed. If you have any questions regarding this amendment, please contact Tandra Hodges at (404) 562-7409.

Sincerely,

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

Enclosures

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

1. TRANSMITTAL NUMBER:
SC 11-010

2. STATE
South Carolina

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR

4. PROPOSED EFFECTIVE DATE
06/01/11

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

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

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT PLAN:

1902 (a)(80) of the Act, P.L. 111-148 (Section 6503)

a. FY 2011

\$ N/C

b. FY 2012

\$ N/C

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Basic Text, pages 35a

10. SUBJECT OF AMENDMENT:

The State shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States.

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:

Mr. Keck was designated by the Governor to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. PRINTED NAME:
Anthony P. Keck

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

14. TITLE:
Director

15. DATE SUBMITTED:
April 25, 2011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

19. EFFECTIVE DATE OF APPROVED MATERIAL:

PLAN APPROVED - ONE COPY ATTACHED

05/16/11

21. TYPED NAME: Jackie Glaze

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE: Jackie Glaze

Associate Regional Administrator
Division of Medicaid & Children's Health Ops

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/ Territory: South Carolina**SECTION 4 GENERAL PROGRAM ADMINISTRATION**

- 4.44 Medicaid Prohibition on Payments to Institutions or Entities
Located Outside of the United States

Citation

Section 1902(a)(80) of X The State shall not provide any payments
the Social Security Act, for items or services provided under the
P.L. 111-148 (Section 6505) State plan or under a waiver to any
financial institution or entity located
outside of the United States.

TN No. SC 11-010
Supersedes Approval Date: 05-16-11 Effective Date: 06/01/11
TN No. New Page