

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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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  <i>1001524</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cc: Mr. Fyock, Depp, 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 <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	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  
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

MAY 25 2011

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,

A handwritten signature in black ink that reads "Jackie Glaze". The signature is written in a cursive, flowing style.

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  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
06/01/11

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 1HRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

7. FEDERAL BUDGET IMPACT PAAP

a. FBY 2011      \$ N.C.  
b. FBY 2012      \$ N.C.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 1002 (a)(80) of the Act, P.L. 111-148 (Section 6505)      9. PAGE NUMBER OF THE SUPPENDED 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:**

13. OFFICIAL NAME: *Anthony J. Keck*  
14. TITLE: Director

15. DATE SUBMITTED:  
April 25, 2011

**16. RETURN TO:**

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: \_\_\_\_\_  
18. DATE APPROVED: \_\_\_\_\_  
19. EFFECTIVE DATE OF APPROVED MATERIAL: \_\_\_\_\_  
20. SIGNATURE OF REGIONAL OFFICIAL: \_\_\_\_\_  
21. TYPED NAME: Jackie Glaze

22. TITLE: *Jackie Glaze*  
Associate Regional Administrator  
Division of Medicaid & Children's Health Opus

**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  
the Social Security Act,  
P.L. 111-148 (Section 6505)

X 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.

TN No. SC 11-010  
Supersedes \_\_\_\_\_  
TN No. New Page

Approval Date: 05-16-11

Effective Date: 06/01/11