

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>11-25-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000126</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Kost, Dees, 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 St., Suite 4T20
Atlanta, Georgia 30303-8909



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

November 18, 2014

Mr. Anthony E. Keck
Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RECEIVED

NOV 25 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment, SC 13-0026-MM7

Dear Mr. Keck:

We accept your request, dated November 14, 2014 to withdraw the RAI Response for state plan amendment 13-0026-MM7.

If you have any additional questions or need further assistance, please contact Maria Drake at (404) 562-3697 or Maria.Drake@cms.hhs.gov.

Sincerely,

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

Holly, Mary V. (CMS/CMCHO)

From: CMS SPA_Waivers_Atlanta_R04
Sent: Monday, November 17, 2014 4:45 PM
To: Holly, Mary V. (CMS/CMCHO); Noonan, Darlene F. (CMS/CMCHO); Gilbert, Rosario G. (CMS/SC)
Subject: FW: 13-0026 MM7 RAI Withdrawal Letter
Attachments: 13-0026 MM7 RAI withdrawal letter.pdf

From: Sheila Chavis
Sent: Monday, November 17, 2014 4:45:20 PM (UTC-05:00) Eastern Time (US & Canada)
To: CMS SPA_Waivers_Atlanta_R04
Cc: Ella Dickerson; Jason Taylor; Jan Polatty; Drake, Maria (CMS/CMCHO); Holly, Mary V. (CMS/CMCHO)
Subject: 13-0026 MM7 RAI Withdrawal Letter

Please find attached the RAI withdrawal letter for 13-0026 MM7. Thanks!

Sheila Chavis
Public Information Director I
CHAVISS@scdhhs.gov
803.898.2707 / 803.898.2707
cell: 803.521.2903
1801 Main Street
Columbia, South Carolina - 29202-8206
www.scdhhs.gov



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If you have received this in error, please notify us immediately and destroy the related message.

November 14, 2014

Ms. Jackie L. Glaze
Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303-8909

Re: South Carolina Title XIX State Plan Amendment SC 13-0026 MM7

Dear Ms. Glaze:

The South Carolina Department of Health and Human Services would like to withdraw the response dated August 27, 2014 to the Request for Additional Information (RAI) dated March 31, 2014 related to the subject plan amendment.

If you have any questions, please contact Sheila Chavis (803) 898-2707.

Sincerely,



Anthony E. Keck
Director

AEK/sc