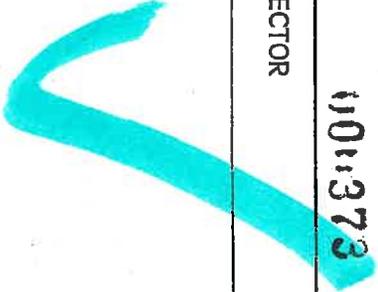


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>2-23-11</i>
---------------------------	-------------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1011373</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Fitch</i> 	<input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> I 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 St., Suite 4120
Atlanta, Georgia 30303-8909



February 22, 2011

RECEIVED

FEB 23 2011

Mr. Anthony E. Keek, 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 10-012

Dear Mr. Keek:

We accept your request, dated February 18, 2011, to withdraw South Carolina 10-012. We are returning the form HCF A-179 and proposed plan pages.

If you have any questions or need further assistance, please contact Crystal Francis at 404-562-7464.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

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 10-012

2. STATE
 South Carolina

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

FO. REGIONAL ADMINISTRATOR

HEALTH CARE FINANCING ADMINISTRATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
 October 1, 2010

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:

Section 1916, 1916A, 1902(f), 1917(b)(3), 1932(h) and

a. FFY 10-11

\$ N/C

1902(a)(73) of the Social Security Act.

b. FFY 10-12

\$ N/C

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Pages 55 & 55a of Basic Text

Page 55 of Basic Text

Attachment 2.2-A, Pages 29, 30 & 31

10. SUBJECT OF AMENDMENT:

Indian health programs and Urban Indian Organizations

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:

16. RETURN TO:

13. TYPED NAME:

Emma Forkner

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

14. TITLE:

Director

15. DATE SUBMITTED:

December 3, 2010

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

19. EFFECTIVE DATE OF APPROVED MATERIAL:

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

OMB No.: 0938-

State/Territory:

South Carolina

Citation

4.18(b)(2)

(Continued)

42 CFR 447.51
through
447.58

(iii) All services furnished to pregnant women.

[x] Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv)

Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution to spend for medical care costs all but a minimal amount of his or her income required for personal needs.

(v)

Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi)

Family planning services and supplies furnished to individuals of childbearing age.

(vii)

Services furnished by a managed care organization, health insuring organization, prepaid inpatient health plan, or prepaid ambulatory health plan in which the individual is enrolled, unless they meet the requirements of 42 CFR 447.60.

42 CFR 438.108
42 CFR 447.60

[] Managed care enrollees are charged deductibles, coinsurance rates, and copayments in an amount equal to the State Plan service cost-sharing.

[x] Managed care enrollees are not charged deductibles, coinsurance rates, and copayments.

1916 of the Act,
P.L. 99-272,
(Section 9505)

(viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

TN SC 10-012
Supersedes
TN MA 03-013

Approval Date

Effective Date 10/01/10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: South Carolina
STATE MEDICAL CARE ADVISORY COMMITTEE

<u>Agency</u>	<u>Citation (s)</u>	<u>Groups Covered</u>
1902 (a) (73)		There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.
42 CFR 431.12 (b)		

Tribal Consultation Requirements
Section 1902 (a) (73) of the Social Security Act requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCA). Consultation is required concerning Medicaid matters having a direct impact on these Indian Health programs. Please indicate below whether the State, as part of its consultation process, appoints an advisory committee or appoints a designee of the Indian health programs and Urban Indian Organizations to the State Medical care advisory committee, both of these, or something else.

___ State appoints a tribal advisory committee

State appoints a designee of the IHS, Tribes or Tribal organizations operating health programs under the ISDEAA, and/or Urban Indian organizations operating health programs under the IHCA to the State medical care advisory committee.

___ Other. Specify:

___ Not applicable because the State does not have at least one Indian Health Program or Urban Indian Organization furnishing health care services.

TN No: SC 10-012 Approval Date: _____ Effective Date: 10/01/10
Supersedes _____
TN No: New Page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: South Carolina

STATE MEDICAL CARE ADVISORY COMMITTEE

Agency

Citation (s)

Groups Covered

The State seeks the advice on an ongoing basis from federally recognized tribes, Indian health programs and Urban Indian organizations on matters related to Medicaid and CHIP programs. There are designees who attend quarterly Medical Care Advisory Committee meetings to gain first hand knowledge of any policy changes, State Plan Amendments, any waiver proposals, waiver extensions, waiver amendments or renewals prior to submission to CMS. The State also conducts an on-site visit with the designees whenever new policy or amendments are introduced that could affect an individual's eligibility. The State seeks to continue consulting on an ongoing basis through quarterly meetings with the federally-recognized tribes, Indian Health Programs and Urban Indian organizations via video conferences and conference calls as needed.

TN No: SC 10-012 Approval Date: _____ Effective Date: 10/01/10
Supersedes _____
TN No: New Page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: South Carolina

EXEMPTION OF CERTAIN PROPERTY FROM RESOURCES FOR MEDICAID
AND CHIP ELIGIBILITY

Agency	Citation (s)	Groups Covered
1902 (FF) of the Act	Section 5006 (b) of the Recovery Act amends the Medicaid statute by adding 1902 (ff) of the Act and the CHIP statute by adding section 2107 (e) (1) (C) of the Act to require States to exclude certain types of Indian-specific property from being considered as "resources" when determining Medicaid or CHIP eligibility for an individual who is an Indian.	
42 CFR 435.601 (b)	Resources are excluded in two categories: a. Property connected to the political relationship between Indian Tribes and the Federal government; and b. Property with unique Indian significance	
	The following resources must be excluded:	
	1. Property, including real property and improvements, that is held in trust, subject to Federal restrictions, or otherwise under the supervision of the Secretary of the Interior; located on a reservation, including any federally-recognized Indian Tribe's reservation, pueblo, or colony, including former reservations in Oklahoma, Alaska Native regions established by the Alaska Native Claims Settlement Act and Indian allotments on or near a reservation as designated and approved by the Bureau of Indian Affairs of the Department of the Interior.	
	2. For any federally-recognized Tribe not described in paragraph (1), property located within the most recent boundaries of a prior Federal reservation.	
	3. Ownership interests in rents, leases, royalties, or usage rights related to natural resources (including extraction of natural resources or harvesting of timber, other plants and plant products, animals, fish, and shellfish) resulting from the exercise of federally-protected rights.	
	4. Ownership interests in or usage rights to items not covered by paragraphs (1) through (3) that have unique religious, spiritual, traditional, or cultural significance or rights that support subsistence or a traditional lifestyle according to applicable Tribal law or custom.	

TN No: SC 10-012 Approval Date: _____ Effective Date: 10/01/10
Supersedes _____
TN No: New Page

Revision: HCFA-PW-91-4

(BPD)

OMB No. : 0938-

AUGUST 1991

State/Territory:

South Carolina

Citation

4.18(b) (2)

(Continued)

1916 and 1916 A of the Act
Section 5006 (a)

(ix) Services to Indians who have been determined eligible as an Indian, pursuant to 42 CFR 136.12 or Title V of the Indian Health Care Improvement Act, to receive health care services from Indian health care providers (IHS, an Indian Tribe, Tribal Organization, or Urban Indian Organization-I/T/U) or through referral under Contract Health Services.

TN SC 10-012

Approval Date _____

Effective Date: 10/01/10

Supersedes _____
TN New Page