DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Wells	12-20-06

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000418	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____ cc: Bowling ✓	[ ] Prepare reply for appropriate signature DATE DUE _____ [ ] FOIA DATE DUE _____ [X] 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.			

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
Finance, Systems and Budget Group (FSBG)
7500 Security Boulevard, Mail Stop S3-13-15
Baltimore, Maryland 21244
Fax # 410-786-1008

RECEIVED
DEC 20 2006
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Log: Wells
C: Bowling
N/A

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
Finance, Systems and Budget Group (FSBG)
7500 Security Boulevard, Mail Stop S3-13-15
Baltimore, Maryland 21244
Fax # 410-786-1008

Fax Cover Sheet

RECEIVED
DEC 20 2006
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Date: Dec 19, 2006

From: Mark Gottlieb for Dennis G. Smith Phone: _____

___ **Finance, Systems and Budget Group**
___ **Survey and Administration Budget Staff**
___ **Division of Reimbursement & State Financing**
___ **Division of Financial Management**
___ **Division of State Systems**
___ **Division of Information Analysis & Technical Assistance**
___ **Division of National Systems**
___ **DATA Analysis Team**

To: Robert Ken Director

Organization: Dept. of Health + Human Services

Phone: _____

Fax: 803-898-4515

Number of pages (including cover sheet): 3

Remarks: TN 06-13
approval letter + 179 Jon

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CMS FAX FORM

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Center for Medicaid and State Operations

Mr. Robert M. Kerr
Director
Department of Health and Human Services
P.O. Box 8206
Columbia, South Carolina 29202-8206

DEC 19 2006

RECEIVED
DEC 20 2006
Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: South Carolina 06-013

Dear Mr. Kerr:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 06-013. This amendment modifies the State's payment methodology for setting payment rates for nursing facility services. Specifically, this amendment incorporates the adjustments made to the State's nursing facility rate setting methodology and allowable cost definitions based on the annual rebasing of rates effective on or after October 1, 2006.

We conducted our review of your submittal according to Medicaid statutory requirements in sections 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and implementing Federal regulations at 42 CFR Part 447. I am pleased to inform you that South Carolina State plan amendment 06-013 is approved effective October 1, 2006.

If you have any questions related to this letter, please call Venesa Johnson at (410)-786-8281.

Sincerely,

Dennis G. Smith

Dennis G. Smith
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

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

1. TRANSMITTAL NUMBER: SC 06-013

2. STATE: South Carolina

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

4. PROPOSED EFFECTIVE DATE: October 1, 2006

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:
42 CFR, Subpart C

7. FEDERAL BUDGET IMPACT: $25,000 x 69.54%

a. FFY 2007 $17,385
b. FFY 2008 Rates will be rebased.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-D, Pages 1, 2, 6, 8, 13 thru 17, 19, 26, 29, 30, 32, and 34

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 4.19-D, Pages 1, 2, 6, 8, 13 thru 17, 19, 26, 29, 30, 32, and 34

10. SUBJECT OF AMENDMENT:
Nursing Facility rate update effective October 1, 2006 based upon annual rebasing.

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Robert M. Kerr

13. TYPED NAME:
Robert M. Kerr

14. TITLE:
Director

15. DATE SUBMITTED:
September 27, 2006

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:
December 19, 2006

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:
Theresa G Smith

21. TYPED NAME:

22. TITLE:

23. REMARKS: