

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

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>9-22-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000156</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mrs. Forlmer, Depo</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
7500 Security Boulevard, Mail Stop 52-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations

SEP 17 2008

RECEIVED

SEP 22 2008

Ms. Emma Forkner
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

Dear Ms. Forkner:

Key: Wells
NPA
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We have reviewed South Carolina's State Plan Amendment (SPA) 08-022 received in the Atlanta Regional Office on September 5, 2008. Under this SPA, South Carolina proposes to change the initial fill and refill quantities of a prescription from a 34 day to a 31 day supply. Based on the information provided, we are pleased to inform you that South Carolina SPA 08-022 is approved, effective October 1, 2008.

A copy of the CMS-179 form, as well as the approved SPA pages will be forwarded by the Atlanta Regional Office. If you have any questions regarding this request, please contact Bernadette Leeds at (410) 786-9463.

Sincerely,

Deirdre Duzor
Director
Division of Pharmacy
Disabled & Elderly Health Programs Group

c: Mary Kaye Justis, Acting ARA, Atlanta Regional Office
Elaine Elmore, Atlanta Regional Office
Darlene Noonan, Atlanta Regional Office
Mary Holly, Atlanta Regional Office