

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State of South Carolina

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

South Carolina Department of Health and Human Services is the  
single State agency responsible for:

administering the plan.

The legal authority under which the agency administers the plan  
on a Statewide basis is:

§ 44-6-30, SC Code, 1976, as amended  
(Statutory citation)

supervising the administration of the plan by local political  
subdivisions.

The legal authority under which the agency supervises the  
administration of the plan on a Statewide basis is contained in

\_\_\_\_\_  
(Statutory citation)

The agency's legal authority to make rules and regulations that  
are binding on the political subdivision administering the plan  
is

\_\_\_\_\_  
(Statutory citation)

3-20-08  
DATE

\_\_\_\_\_  
//S//  
Signature  
HENRY MCMASTER  
ATTORNEY GENERAL  
State of South Carolina

\_\_\_\_\_  
TN No.: SC 08-002  
Supersedes Approval Date: 04/04/08 Effective Date: 01/01/08  
TN No.: MA 84-6

**South Carolina Code of Laws  
Title 44 – Health**

CHAPTER 6.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ARTICLE 1.

GENERAL PROVISIONS

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**SECTION 44-6-30.** Duties and limitations.

The department shall:

- (1) administer Title XIX of the Social Security Act (Medicaid), including the Early Periodic Screening, Diagnostic and Treatment Program, and the Community Long-Term Care System;
- (2) be designated as the South Carolina Center for Health Statistics to operate the Cooperative Health Statistics Program pursuant to the Public Health Services Act;
- (3) be prohibited from engaging in the delivery of services.

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State of South Carolina  
Office of the Governor

RICHARD W. RILEY  
GOVERNOR

POST OFFICE BOX 11450  
COLUMBIA 29211

June 1, 1984

Mr. Richard L. Morris  
Associate Regional Administrator  
Department of Health & Human Services  
Division of Program Operations  
Post Office Box 1715  
Atlanta, Georgia 30301

Dear Mr. Morris:

This letter is to advise you that the Health and Human Services Finance Commission is being designated as the single state agency in South Carolina for administration of Title XIX of the Social Security Act. The effective date of the transfer of authority from the Department of Social Services to the Commission is July 1, 1984. The statutory basis for the transfer is Code of Laws of South Carolina, 1976, Title 44, Chapter 6 (copy attached). Revisions to the South Carolina State Plan under Title XIX of the Social Security Act (as amended) reflecting this transfer are underway.

Other responsibilities for the Commission are to:

- administer the Community Long Term Care System
- operate the Cooperative Health Statistics Program; and
- administer the Social Services Block Grant Program.

Beginning July 1, 1984 communications regarding Title XIX of the Social Security Act should be directed to Mr. Dennis Caldwell, Executive Director, State Health and Human Services Finance Commission, Post Office Box 8206, Columbia, South Carolina 29202.

I feel that in creating the Commission, the State of South Carolina has developed a unified system for planning, financing and administering interagency health and human service programs.

Yours sincerely,

Ri 

RWR:Sh

Enclosure

cc: Mr. James L. Soloman, Jr.  
Mr. B. A. Daetwyler  
Mr. Dennis Caldwell  
Mr. Mike Copeland

State of South Carolina  
State Health and Human Services  
Finance Commission

Bernard A. Daetwyler, Chairman

DISTRICT 1  
Elise Daviis – McFarland, Ph. D.

DISTRICT 2  
Edward C. Roberts

DISTRICT 3  
T. Ree McCoy, Jr.



Dennis Caldwell, Executive Director

DISTRICT 4  
Robert E. Robards, MD

DISTRICT 5  
Billy F. Pigg

DISTRICT 6  
James L. Pasley, Jr.

P. O. Box 8206, Columbia, South Carolina 29202-8206

October 25, 1985

Mr. Richard L. Morris  
Associate Regional Administrator  
Division of Program Operations  
HCFA, Region IV  
101 Marietta Tower, Suite 702  
Atlanta, Georgia 30323

Dear Mr. Morris:

In response with your letter of October 10, 1985, and in accordance with your instructions we are submitting the form "Waivers of State Plan Provisions," 13-52, Rev. 1. As you indicated, this should be incorporated into the official copy of the approved Medicaid State Plan.

If you have questions, please call Ms. Gwen Power, Bureau Chief, Bureau of Health Services at 803/758-8182.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis Caldwell".

Dennis Caldwell  
Executive Director

DC/ph

Enclosure

**WAIVERS OF STATE PLAN PROVIDERS**

**State: South Carolina**

Type of Waiver

- 1915(b)(1) - Case Management System
- 1915(b)(2) - Locality as a Central Broker
- 1915(b)(3) - Sharing of Cost Savings (through  
Additional Services  
Elimination of Copayments)
- 1915(b)(4) - Restriction of Freedom of Choice
- 1915 (c) -  Home and Community-Based Services Waiver (non-model  
format).  
 Home and Community-Based Services Waiver (model  
format)
- 1916(a)(3) and/or (b)(3) - Nominality of Copayments

Title of Waiver and Brief Description:

Home and Community-Based Medicaid Eligibles Aged and Disabled

Approval Date: 12/3/84

Renewal Date(s):

Effective Date: 10/1/84

Specific State Plan Provisions Waived and Corresponding Plan Section(s):

Comparability: Section 1902(a)(10)

Statewideness: Section 1902(a)(1)

Freedom of Choice:

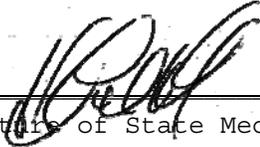
Services:

Case Management, personal care, medical day care, regular and therapeutic home delivered meals, respite care and physiotherapy, occupational and speech therapy and medical social services.

Eligibility:

Medicaid aged and disabled recipients who would otherwise require an SNF or ICF.

Reimbursement Provisions (if different from approved State Plan Methodology):

  
\_\_\_\_\_  
Signature of State Medicaid Director