June 26, 2017

Ms. Deidra T. Singleton  
Acting Director  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

Re: South Carolina State Plan Amendment 17-0011

Dear Ms. Singleton:

We have reviewed the proposed South Carolina state plan amendment, SC 17-0011, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 22, 2017. This amendment updates the name of the designee that is authorized to submit state plan amendments for the South Carolina Department of Health and Human Services.

Based on the information provided, the Medicaid State Plan Amendment SC 17-0011 was approved on June 26, 2015. The effective date of this amendment is April 10, 2017. We are enclosing the approved HCFA-179 and a copy of the new state plan page.

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

Enclosures
# Transmittal and Notice of Approval of State Plan Material

**FOR:** Health Care Financing Administration  
**TO:** Regional Administrator  
**Department of Health and Human Services**

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER:</th>
<th>2. STATE:</th>
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<tbody>
<tr>
<td>17-0011</td>
<td>South Carolina</td>
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| 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) |

<table>
<thead>
<tr>
<th>4. PROPOSED EFFECTIVE DATE</th>
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<tbody>
<tr>
<td>April 10, 2017</td>
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5. **TYPE OF PLAN MATERIAL (Check One):**

- [ ] NEW STATE PLAN  
- [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN  
- [X] AMENDMENT

**COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)**

<table>
<thead>
<tr>
<th>6. FEDERAL STATUTE/REGULATION CITATION:</th>
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<tbody>
<tr>
<td>42 CFR 430.12 (b) (2) (i)</td>
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<tr>
<th>7. FEDERAL BUDGET IMPACT:</th>
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<tbody>
<tr>
<td>a. FFY 2017 $ 0</td>
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<tr>
<td>b. FFY 2018 $ 0</td>
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<tr>
<th>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</th>
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<tbody>
<tr>
<td>Basic Index page 89</td>
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<tr>
<th>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</th>
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<tr>
<td>Basic Index page 89</td>
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10. **SUBJECT OF AMENDMENT:**

This plan amendment updates the name of the designee to submit State Plan Amendments (SPAs) for the state of South Carolina.

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  
- [X] OTHER, AS SPECIFIED:

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

12. **SIGNATURE OF STATE AGENCY OFFICIAL:**

[Signature]

13. **TYPED NAME:**

Deirdra T. Singleton

14. **TITLE:**

Acting Director

15. **DATE SUBMITTED:**

June 22, 2017

16. **RETURN TO:**

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

17. **DATE RECEIVED:**

06/22/17

18. **DATE APPROVED:**

06/26/17

19. **EFFECTIVE DATE OF APPROVED MATERIAL:**

04/10/17

20. **SIGNATURE OF REGIONAL OFFICIAL:**

[Signature]

21. **TYPED NAME:**

Jackie Glaze

22. **TITLE:**

Associate Regional Administrator  
Division of Medicaid & Children Health Opns

23. **REMARKS:**
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

Citation (s)  7.4  State Governor’s Review

42 CFR 430.12 (b)  The Medicaid agency will provide opportunity for
the office of the Governor to review State plan amendments, long-range program planning
projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal
reports. Any comments made will be transmitted to the Centers for Medicare and Medicaid Services
with such documents.

☐  Not applicable. The Governor--

☐  Does not wish to review any plan material.

☐  Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plans on behalf of
South Carolina Department of Health and Human Services

(Designated Single State Agency)

Date:  April 10, 2017

[Signature]

Acting Director

(Title)

TN No.:  SC 17-0011
Supersedes Approval Date:  06/26/17  Effective Date:  04/10/17
TN No.:  SC 15-005