March 7, 2018

Mr. Joshua D. Baker
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 18-0002

Dear Mr. Baker:

We have reviewed the proposed South Carolina state plan amendment, SC 18-0002, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 5, 2018. 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 18-0002 was approved on March 7, 2018. The effective date of this amendment is February 8, 2018. 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,

Charles Friedrich
Charles Friedrich, MPA
Acting 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
    HEALTH CARE FINANCING ADMINISTRATION
    DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):
   ☑ 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 430.12 (b) (2) (i)

7. FEDERAL BUDGET IMPACT:
   a. FFY 2017 $ 0
   b. FFY 2018 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   Basic Index page 89

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):
    ☑ OTHER, AS SPECIFIED:
    Mr. Baker was designated by the Governor to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
    Joshua D. Baker

14. TITLE:
    Director

15. DATE SUBMITTED:
    March 5, 2018

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 03/05/18

18. DATE APPROVED: 03/07/18

19. EFFECTIVE DATE OF APPROVED MATERIAL:
    02/08/18

20. SIGNATURE OF REGIONAL OFFICIAL:
    Charles Friedrich

21. TYPED NAME: Charles Friedrich, MPA

22. TITLE: Acting Associate Regional Administrator
    Division of Medicaid & Children’s Health Operations

23. REMARKS: Approved with the following change to block #7
    Block # 7 changed to read: FFY 2018 0 and FFY 2019 0.
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: February 8, 2018

(Signature)

Director
(Title)