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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: 21-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 4, 2021

Robert M. Kerr
Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

Re: South Carolina State Plan Amendment 21-0009

Dear Mr. Kerr:

We reviewed your proposed Medicaid State Plan Amendment, SC 21-0009, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 25, 2021. 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 upon the information provided by the State, we have approved the amendment with an effective date of April 20, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any questions regarding this amendment, please contact William Pak at (404) 562-7407 or via email at William.Pak@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'James G. Scott', is positioned to the left of the digital signature information.

Digitally signed by James
G. Scott -S
Date: 2021.06.04
10:54:18 -05'00'

James G. Scott, Director
Division of Program Operations
Medicaid and CHIP Operations Group

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
21-0009

2. STATE
South Carolina

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 20, 2021

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 430.12 (b) (2) (i)

7. FEDERAL BUDGET IMPACT:
a. FFY 2021 \$0
b. FFY 2022 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Basic Index page 89

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

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*):

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:



16. RETURN TO:

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

13. TYPED NAME:
Robert M. Kerr

14. TITLE:
Director

15. DATE SUBMITTED:
May 25, 2021

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
May 25, 2021

18. DATE APPROVED: June 3, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: April 20, 2021

20. SIGNATURE OF REGIONAL OFFICIAL:



Digitally signed by James G. Scott-S
Date: 2021.06.04 10:58:16 -0500

21. TYPED NAME: James G. Scott

22. TITLE: DPO Division Director

23. REMARKS:

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB NO. 0938-

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 these plans on behalf of
South Carolina Department of Health and Human Services

(Designated Single State Agency)

Date: April 20, 2021



(Signature)

Director
(Title)

TN No.: SC 21-0009
Supersedes
TN No.: SC 21-0001

Approval Date: 06/03/21

Effective Date: 04/20/21