

**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

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January 8, 2024

Eunice Medina  
Interim Director  
South Carolina Department of Health & Human Services  
P.O. Box 8206  
Columbia, South Carolina 29202

Re: South Carolina State Plan Amendment (SPA) 24-0028

Dear Interim Director Medina:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0028. This proposed amendment updates the name of the designee to review State Plan Amendments for South Carolina.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 430.12(b)(2)(i). This letter informs you that South Carolina's Medicaid SPA TN 24-0028, was approved on January 8, 2025, effective November 6, 2024.

Enclosed are copies of the Form CMS-179 and approved SPA page to be incorporated into the South Carolina State Plan.

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at [Etta.Hawkins@cms.hhs.gov](mailto:Etta.Hawkins@cms.hhs.gov).

Sincerely,

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Sheila Chavis  
Margaret Alewine  
Brad Livingston  
Jordan Desai

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> — <u>0</u> <u>0</u> <u>2</u> <u>8</u>	2. STATE <u>S</u> <u>C</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
	4. PROPOSED EFFECTIVE DATE November 6, 2024	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 430.12(b)(2)(i)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>0</u> b. FFY <u>2026</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Basic Index, page 89	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Basic Index, page 89	


9. SUBJECT OF AMENDMENT

This plan amendment will update the name of the designee to review State Plan Amendments for South Carolina.

10. 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:  
Ms. Medina was designated by the Governor to review and approve all State Plans.

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206
12. TYPED NAME Eunice Medina	
13. TITLE Interim Director	
14. DATE SUBMITTED December 20, 2024	

**FOR CMS USE ONLY**

16. DATE RECEIVED December 27, 2024	17. DATE APPROVED January 8, 2025
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL November 6, 2024	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations
22. 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: November 6, 2024



(Signature)

Interim Director

(Title)

TN No.: SC 24-0028

Supersedes

TN No.: SC 21-0009

Approval Date: 01/08/25

Effective Date: 11/06/24