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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: 25-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Page

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

March 27, 2025

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

Re: South Carolina State Plan Amendment (SPA) 25-0003

Dear Ms. Medina:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0003. This proposed amendment will update the title of the current 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 25-0003, was approved on March 27, 2025, effective February 27, 2025.

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 Vanessa Jefferies at (410) 786-6412 or via email at Vanessa.Jefferies@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Sheila Chavis
Margaret Alewine
Brad Livingston
Jordan Desai

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2</u> <u>5</u> — <u>0</u> <u>0</u> <u>0</u> <u>3</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	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE February 27, 2025	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Basic Index, page 89	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 SPA will update the title of the current 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 Director	
14. DATE SUBMITTED March 21, 2025	

FOR CMS USE ONLY

16. DATE RECEIVED March 21, 2025	17. DATE APPROVED March 27, 2025
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL February 27, 2025	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: February 27, 2025



(Signature)

Director
(Title)

TN No.: SC 25-0003

Approval Date: 03/27/25

Effective Date: 02/27/25

Supersedes

TN No.: SC 24-0028