

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State South Carolina

SECTION 6: FINANCIAL ADMINISTRATION

Citation
42 CFR 433.32
AT-79-29

6.1 Fiscal Policies and Accountability

The Medicaid agency and, where applicable, local agencies administering the plan, maintains an accounting system and supporting fiscal records adequate to assure that claims for Federal funds are in accord with applicable Federal requirements. The requirements of 42 CFR 433.32 are met.

TN No. 76-11
Supersedes
TN No. _____

Approval Date 08/26/76

Effective Date 6/30/76

Revision: HCFA-AT-81- (BPP)

State South Carolina

Citation
42 CFR 433.34
47 FR 17490

6.2 Cost Allocation

There is an approved cost allocation plan on file with the Department in accordance with the requirements contained in 45 CFR Part 95, Subpart E.

TN No. MA 82-13
Supersedes
TN No. 76-11

Approval Date 08/18/82

Effective Date 7/16/82

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State South Carolina

Citation
42 CFR 433.33
AT-79-29
AT-80-34

6.3 State Financial Participation

(a) State funds are used in both assistance and administration.

State funds are used to pay all of the non-Federal share of total expenditures under the plan.

There is local participation.

State

funds are used to pay not less than 40 percent of the non-Federal share of the total expenditures under the plan. There is a method of apportioning Federal and State funds among the political subdivisions of the State on an equalization or other basis which assures that lack of adequate funds from local sources will not result in lowering the amount, duration, scope or quality of care and services or level of administration under the plan in any part of the State.

(b) State and Federal funds are apportioned among the political subdivisions of the State on a basis consistent with equitable treatment of individuals in similar circumstances throughout the State.

TN No. 76-11
Supersedes _____
TN No. _____

Approval Date 08/26/76

Effective Date 6/30/76

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

OMB. No. 0938-

State/Territory: South Carolina

SECTION 7 - GENERAL PROVISIONS

Citation 7.1 Plan Amendments

42 CFR 430.12(c)
reflect

The plan will be amended whenever necessary to
new or revised Federal statutes or regulations or
material change in State law, organization, policy or
State agency operation.

TN No. MA 92-07
Supersedes
TN No. MA 77-09

Approval Date 06/04/92

Effective Date 1/01/92

HFCA ID: 7982E

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

OMB. No. 0938-

State/Territory: South Carolina

Citation 7.2 Nondiscrimination

45 CFR Parts
of
80 and 84

In accordance with title VI of the Civil Rights Act
1964 (42 U.S.C. 2000d et.seq.), Section 504 of the
Rehabilitation Act of 1973 (29 U.S.C. 70b), and the
regulations at 45 CFR Parts 80 and 84, the Medicaid
agency assures that no individual shall be subject to
discrimination under this plan on the grounds of
race, color, national origin, or handicap.

The Medicaid agency has methods of administration to
assure that each program or activity for which it
receives Federal financial assistance will be
operated in accordance with title VI regulations.
These methods for title VI are described in
ATTACHMENT 7.2-A.

TN No. MA 92-07
Supersedes
TN No. MA 79-05

Approval Date 06/04/92

Effective Date 1/01/92

HFCA ID: 7982E

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: South Carolina

Citation
45 CFR 204.1

7.3 State Governor's Review

The Medicaid agency will provide opportunity or the Office of the Governor to review amendments, any new State plan and subsequent projections, and long-range program planning thereon. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

- Not applicable. The Governor—
 - Does not wish to review any plan material.
 - Wishes to review only the plan material specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

THE SOUTH CAROLINA STATE DEPARTMENT OF SOCIAL SERVICES
(Designated Single State Agency)

Date July 1, 1980

Virgil L. Conrad
(Signature)

Commissioner
(Title)

TN No. 77-9
Supersedes
TN No. _____

Approval Date 02/15/79

Effective Date 01/01/78

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 this plans on behalf of

South Carolina Department of Health and Human Services

(Designated Single State Agency)

Date: February 14, 2008

Emma Forkner

Signature

Director
(Title)

TN No.: SC 08-002
 Supersedes Approval Date: _____ Effective Date: 01/01/08
 TN No.: MA 92-07