

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

OMB. No. 0938-

State/Territory: South Carolina

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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.

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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)  
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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  
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TN No. MA 79-05

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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 or other periodic reports 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

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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)

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