SECTION 7 - GENERAL PROVISIONS

Citation 7.1 Plan Amendments

42 CFR 430.12(c) The plan will be amended whenever necessary to reflect new or revised Federal statutes or regulations or material change in State law, organization, policy or State agency operation.
Citation  7.2  Nondiscrimination

45 CFR Parts 80 and 84

In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.), Title V Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), Title II Section 202 of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975 and the regulations at Title 45 Code of Federal Regulations Parts 80, 84, and 91, the South Carolina Department of Health and Human Services (SCDHHS) ensures that no individual shall be subject to discrimination under this plan on the grounds of race, color, national origin, age or disability.

With guidance from the ADA and Civil Rights Official, SCDHHS has implemented administrative methods to ensure that each program or activity for which it receives Federal financial assistance will be operated in accordance with the regulations delineated above. These methods are described in ATTACHMENT 7.2-A.
The Medicaid agency will provide opportunity or the Office of the Governor to review amendments, any new State plan and subsequent amendments, and long-range program planning 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)
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: April 1, 2015

[Signature]

Director

(Date)

TN No.: SC 15-005
Supersedes Approval Date: 06/01/15 Effective Date: 04/01/15
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