

Revision: HCFA-PM-91-4 (BPD) OMB. No. 0938-
AUGUST 1991

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) OMB. No. 0938-
AUGUST 1991

State/Territory: South Carolina

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.

TN No. SC 15-002
Supersedes
TN No. MA 92-07

Approval Date 06/03/15

Effective Date 07/01/15

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: April 1, 2015



(Signature)

Director

(Title)

TN No.: SC 15-005

Supersedes Approval Date: 06/01/15 Effective Date: 04/01/15

TN No.: SC 08-002