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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: SC 21-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

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

April 8, 2021

Mr. T. Clark Phillip
Acting Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

Attention: Sheila Chavis

Re: South Carolina State Plan Amendment 21-0001

Dear Mr. Phillip:

We have reviewed the proposed South Carolina state plan amendment, SC 21-0001, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on February 12, 2021. This amendment updates the name of the designee that is authorized to submit state plan amendments for the South Carolina Department of Health and Human Services.

Based on the information provided, the Medicaid State Plan Amendment, SC 21-0001 was approved on April 8, 2021. The effective date of this amendment is January 12, 2021. We are enclosing the approved HCFA-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact William Pak at (404) 562-7407 or William.Pak@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations
Medicaid and CHIP Operations Group

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
21-0001

2. STATE
South Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
January 12, 2021

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 430.12 (b) (2) (i)

7. FEDERAL BUDGET IMPACT:
a. FFY 2021 \$0
b. FFY 2022 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Basic Index page 89

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Basic Index page 89

10. SUBJECT OF AMENDMENT:

This plan amendment updates the name of the designee to submit State Plan Amendments (SPAs) for the state of South Carolina.

11. 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:

Mr. Phillip was designated by the Governor
to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

T. Clark Phillip

14. TITLE:

Acting Director

15. DATE SUBMITTED:

February 11, 2021

16. RETURN TO:

South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: January 12, 2021

18. DATE APPROVED: April 8, 2021

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: James G. Scott

22. TITLE: Director, Division of Program Operations

23. 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.

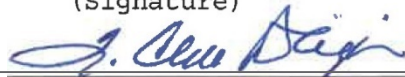
- ☒ Not applicable. The Governor--
- ☒ Does not wish to review any plan material.
- ☐ Wishes to review only the plan materials specified in the enclosed document.

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: January 12, 2021

(Signature)



Acting Director

(Title)

TN No.: SC 21-0001

Supersedes

TN No.: SC 18-0002

Approval Date: 04/08/21

Effective Date: 01/12/21