

## **Table of Contents**

**State/Territory Name: South Carolina**

**State Plan Amendment (SPA) #: 21-0016**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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

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January 26, 2022

Robert M. Kerr  
Director  
South Carolina Department of Health and Human Services  
Post Office Box 8206  
Columbia, SC 29202-8206

Re: South Carolina State Plan Amendment 21-0016

Dear Mr. Kerr:

We reviewed your proposed Medicaid State Plan Amendment, SC 21-0016, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 20, 2021. This amendment ensures compliance with section 209 of the Consolidated Appropriations Act of 2021.

CMS approved SC 21-0016 on January 25, 2022, with an effective date of December 15, 2021.

If you have any questions regarding this amendment, please contact William Pak at (404) 562-7407 or via email at [William.Pak@cms.hhs.gov](mailto: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: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 1 - 0 0 1 6 2. STATE SC

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**December 15, 2021**

5. FEDERAL STATUTE/REGULATION CITATION  
**Consolidated Appropriations Act, 2021, Div. CC, Title II, Section 209**

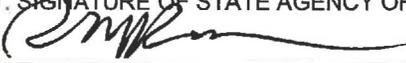
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2022 \$ 0  
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
**Supplement 2 to Attachment 3.1-A, page 1  
Attachment 3.1-D, pages 2, 3  
Attachment 3.1-D, page 4**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
**Supplement 2 to Attachment 3.1-A, page 1  
Attachment 3.1-D, pages 2, 3**

9. SUBJECT OF AMENDMENT  
  
**To bring the State Plan into compliance with the Transportation requirements under the Consolidated Appropriations Act of 2021.**

10. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT  OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
Robert M. Kerr

13. TITLE  
Director

14. DATE SUBMITTED  
December 17, 2021

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

**FOR CMS USE ONLY**

16. DATE RECEIVED **December 20, 2021**

17. DATE APPROVED **January 25, 2022**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**December 15, 2021**

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
**James G. Scott**

21. TITLE OF APPROVING OFFICIAL  
**Director, Division of Program Operations**

22. REMARKS  
  
**Pen and ink changes made to Box 7 and Box 8 with approval of the state on January 18, 2022.**

The Division of Medicaid attests that all the minimum requirements outlined in 1902(a)(87) of the Act are met.