

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

1. TRANSMITTAL NUMBER:  
SC 10-001

2. STATE  
South Carolina

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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

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

4. PROPOSED EFFECTIVE DATE  
January 1, 2010

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:  
1902(a)(10)(E)(i); 1902(a)(10)(E)(iii); 1902(a)(10)(E)(iv)

7. FEDERAL BUDGET IMPACT:  
a. FFY 09-10                      \$490,500  
b. FFY 10-11                      \$654,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, Pages 9a, 9b and 9b.1  
Attachment 2.6-A, Pages 22 and 22a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 2.2-A, Pages 9a, 9b and 9b.1  
Attachment 2.6-A, Page 22

10. SUBJECT OF AMENDMENT:  
Medicare Savings Programs resource limit increase

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:  
Ms. Forkner was designated by the  
Governor to review and approve all State Plans

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
Emma Forkner

14. TITLE:  
Director

15. DATE SUBMITTED:  
March 25, 2010

16. RETURN TO:

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
3/25/10

18. DATE APPROVED:  
6/15/10

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
01/01/10

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
JACKIE GLAZE

22. TITLE:  
ASSOC. REGIONAL ADMINISTRATOR

23. REMARKS:

*Approved with the following changes approved by the  
State of SC. Box 6: Add 4860D-14(3)(d)*