		OMB NO. 0938-01
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: SC 11-011	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 5. TYPE OF PLAN MATERIAL (Check One):	4. PROPOSED EFFECTIVE DATE 07/11/11	
	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: FMAP	
		\$(8,236,048)
42 CFR Part 440 Subpart A	b. FFY 2012	\$(32,944,196)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, pages 0 & 0a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
	Attachment 4.19-B, Page 0 & 0a	
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		nated by the Governor to
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME:	<ul> <li>South Carolina Department of Health and Human Services</li> <li>Post Office Box 8206</li> <li>Columbia, SC 29202-8206</li> </ul>	
Anthony E. Keck		
14. TITLE: Director		
Director 15. DATE SUBMITTED:		
Director 15. DATE SUBMITTED: July 11, 2011	FICE USE ONLY	
Director 15. DATE SUBMITTED: July 11, 2011 FOR REGIONAL OF	FFICE USE ONLY 18. DATE APPROVED:	02/10/12
Director 15. DATE SUBMITTED: July 11, 2011 FOR REGIONAL OF 17. DATE RECEIVED: 07/14/11 PLAN APPROVED - ON	18. DATE APPROVED: E COPY ATTACHED	
Director 15. DATE SUBMITTED: July 11, 2011 FOR REGIONAL OF 17. DATE RECEIVED: 07/14/11 PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/11/11	18. DATE APPROVED: E COPY ATTACHED 20. SIGNATURE OF REGIONAL O ACUE	
Director 15. DATE SUBMITTED: July 11, 2011 FOR REGIONAL OF 17. DATE RECEIVED: 07/14/11 PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/11/11 21. TYPED NAME: Jackie Glaze	18. DATE APPROVED: E COPY ATTACHED	FFICIAL:
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Director 15. DATE SUBMITTED: July 11, 2011 FOR REGIONAL OF 17. DATE RECEIVED: 07/14/11 PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/11/11 21. TYPED NAME: Jackie Glaze 23. REMARKS:	18. DATE APPROVED:         E COPY ATTACHED         20. SIGNATURE OF REGIONAL OF REGIONAL OF REGIONAL OF REGIONAL OF REGIONAL OF REGIONAL OF COMPARENT ASSOCIATE REGIONAL OF MEDICAL ASSOCIATE REGIONAL ASSOCIATER REGIONAL ASSOCIATEREGIONAL ASSOCI	FFICIAL:
Director 15. DATE SUBMITTED: July 11, 2011 FOR REGIONAL OF 17. DATE RECEIVED: 07/14/11 PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/11/11 21. TYPED NAME: Jackie Glaze 23. REMARKS: Approved with the following changes to item 4 as authorized by State Agen Block #8 changed to read: Attachment 3.1-A pages 1b.4a, 1c and 4b; Attach	18. DATE APPROVED:         E COPY ATTACHED         20. SIGNATURE OF REGIONAL OF REGIONAL OF REGIONAL OF REGIONAL OF REGIONAL OF REGIONAL OF COMPARENT ASSOCIATE REGIONAL OF MEDICAL ASSOCIATE REGIONAL ASSOCIATER REGIONAL ASSOCIATEREGIONAL ASSOCI	FFICIAL: