

# 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:  
SC 11-024

2. STATE  
South Carolina

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

4. PROPOSED EFFECTIVE DATE  
October 1, 2011

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 Part 447 Subpart C

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, pages 1, 1.1, 1a, 1a.1, 1a.2, 1a.3 and 1d

7. FEDERAL BUDGET IMPACT: FMAP, 70.24%

a. FFY	2012	\$3.9 million
b. FFY	2013	\$3.9 million

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19-B, pages 1, 1.1, 1a, 1a.1, 1a.2, 1a.3 and 1d

10. SUBJECT OF AMENDMENT:

Update hospital specific outpatient multipliers effective October 1, 2011

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Anthony E. Keck

14. TITLE:

Director

15. DATE SUBMITTED:

December 22, 2011

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:

12/22/11

18. DATE APPROVED:

03/19/12

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/01/11

20. SIGNATURE OF REGIONAL OFFICIAL:

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children Health Opus

21. TYPED NAME:

Jackie Glaze

23. REMARKS:

Approved with the following changes to item 8 and 9 as authorized by State Agency on email dated 02/13/12:

Block #8 changed to read: Attachment 3.1-A, page 1; Attachment 4.19-B, pages 1, 1.1, 1a, 1a.1, 1a.2, 1a.3 and 1d.

Block #9 changed to read: Attachment 3.1-A, page 1; Attachment 4.19-B, pages 1, 1.1, 1a, 1a.1, 1a.2, 1a.3 and 1d.