

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

1. TRANSMITTAL NUMBER:  
SC 12-010

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  
August 1, 2012

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 CRF 455 Subpart E

7. FEDERAL BUDGET IMPACT:  
a. FFY N/A      \$  
b. FFY N/A      \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Basic Text Page 79z, 79z.1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

10. SUBJECT OF AMENDMENT:

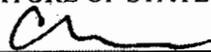
Medicaid/CHIP Provider Enrollment and Screening

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:



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

13. TYPED NAME:  
Anthony E. Keck

14. TITLE:  
Director

15. DATE SUBMITTED:  
March 29, 2012

**FOR REGIONAL OFFICE USE ONLY**

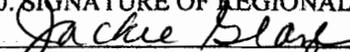
17. DATE RECEIVED:  
03/30/12

18. DATE APPROVED:  
04/26/12

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
08/01/12

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:  
Jackie Glaze

22. TITLE:  
Associate Regional Administrator  
Division of Medicaid & Children Health Opns

23. REMARKS: