

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

1. TRANSMITTAL NUMBER:
SC 12-019

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 31, 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 441.30

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 Budget Neutral
b. FFY 2012 Budget Neutral

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Basic Index, Page 27
Attachment 3.1-A, Page 3
Attachment 3.1-A Limitation Supplement, Page 3a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Basic Index, Page 27
Attachment 3.1-A, Page 3
Attachment 3.1-A Limitation Supplement, Page 3a

10. SUBJECT OF AMENDMENT:

Update coverage criteria for Optometrist as it relates to physician services. This state plan will not change coverage and/or benefits currently being paid to optometrist, therefore will be budget neutral.

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 20, 2012

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:
12/28/12

18. DATE APPROVED: 03-22-13

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
10/01/12

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Jackie Glaze

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

23. REMARKS:

Approved with the following changes to item 4, 8 and 9 as authorized by State Agency e-mails dated 03/14/13:

Block # 4 changed to read: October 1, 2012.

Block #8 changed to read: Basic Index, page 27. Attachment 3.1-A Limitation Supplement page 3a

Block # 9 changed to read: Basic Index, page 27. Attachment 3.1-A Limitation Supplement page 3a