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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: 21-0016

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 26, 2022

Robert M. Kerr
Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

Re: South Carolina State Plan Amendment 21-0016

Dear Mr. Kerr:

We reviewed your proposed Medicaid State Plan Amendment, SC 21-0016, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 20, 2021. This amendment ensures compliance with section 209 of the Consolidated Appropriations Act of 2021.

CMS approved SC 21-0016 on January 25, 2022, with an effective date of December 15, 2021.

If you have any questions regarding this amendment, please contact William Pak at (404) 562-7407 or via email at William.Pak@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations
Medicaid and CHIP Operations Group

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2</u> <u>1</u> — <u>0</u> <u>0</u> <u>1</u> <u>6</u>	2. STATE <u>S</u> <u>C</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
December 15, 2021

5. FEDERAL STATUTE/REGULATION CITATION
Consolidated Appropriations Act, 2021, Div. CC, Title II, Section 209

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY <u>2022</u>	\$ <u>0</u>
b. FFY <u>2023</u>	\$ <u>0</u>

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Supplement 2 to Attachment 3.1-A, page 1
Attachment 3.1-D, pages 2, 3
Attachment 3.1 D, page 4**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

**Supplement 2 to Attachment 3.1 A, page 1
Attachment 3.1-D, pages 2, 3**

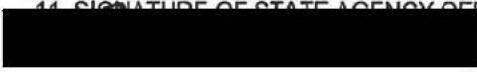
9. SUBJECT OF AMENDMENT

To bring the State Plan into compliance with the Transportation requirements under the Consolidated Appropriations Act of 2021.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Robert M. Kerr

13. TITLE
Director

14. DATE SUBMITTED
December 17, 2021

15. RETURN TO
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

FOR CMS USE ONLY

16. DATE RECEIVED **December 20, 2021**

17. DATE APPROVED **January 25, 2022**

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
December 15, 2021

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Pen and ink changes made to Box 7 and Box 8 with approval of the state on January 18, 2022.

The Division of Medicaid attests that all the minimum requirements outlined in 1902(a)(87) of the Act are met.

SC 21-0016
EFFECTIVE DATE: 12/15/21
APPROVAL DATE: 01/25/22
SUPERSEDES: New Page