

## **Table of Contents**

**State/Territory Name: South Carolina**

**State Plan Amendment (SPA)#: 24-0028**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Page

**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

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January 8, 2024

Eunice Medina  
Interim Director  
South Carolina Department of Health & Human Services  
P.O. Box 8206  
Columbia, South Carolina 29202

Re: South Carolina State Plan Amendment (SPA) 24-0028

Dear Interim Director Medina:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0028. This proposed amendment updates the name of the designee to review State Plan Amendments for South Carolina.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 430.12(b)(2)(i). This letter informs you that South Carolina's Medicaid SPA TN 24-0028, was approved on January 8, 2025, effective November 6, 2024.

Enclosed are copies of the Form CMS-179 and approved SPA page to be incorporated into the South Carolina State Plan.

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at [Etta.Hawkins@cms.hhs.gov](mailto:Etta.Hawkins@cms.hhs.gov).

Sincerely,

A large black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Sheila Chavis  
Margaret Alewine  
Brad Livingston  
Jordan Desai

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

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 2 8</u>	2. STATE <u>S 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  
**November 6, 2024**

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 430.12(b)(2)(i)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2025 \$ 0  
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Basic Index, page 89

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
Basic Index, page 89

9. SUBJECT OF AMENDMENT

This plan amendment will update the name of the designee to review State Plan Amendments for South Carolina.

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:  
Ms. Medina was designated by the Governor to review and approve all State Plans.

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Eunice Medina

13. TITLE  
Interim Director

14. DATE SUBMITTED  
December 20, 2024

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 27, 2024

17. DATE APPROVED  
January 8, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
November 6, 2024

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

Revision: HCFA-PM-91-4 (BPD)  
August 1991

OMB NO. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina Citation

(s) 7.4 State Governor's Review

42 CFR 430.12 (b) The Medicaid agency will provide opportunity for the office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare and Medicaid Services with such documents.


- ☒ Not applicable. The Governor--
- ☒ Does not wish to review any plan material.
- ☐ Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit these plans on behalf of

South Carolina Department of Health and Human Services

(Designated Single State Agency)

Date: November 6, 2024

  
(Signature)

Interim Director  
(Title)

TN No.: SC 24-0028  
Supersedes  
TN No.: SC 21-0009

Approval Date: 01/08/25

Effective Date: 11/06/24