


South Carolina  
Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206  
[www.scdhhs.gov](http://www.scdhhs.gov)  
February 24, 2025

**Memorandum**

TO: **SEE DISTRIBUTION**  
From:  Sheila Chavis, Senior Consultant  
State Plan and Policy Administration  
Subject: Amendments to the Revised Title XIX State Plan

Attached are copies of the amendments to the Revised Title XIX State Plans that have been approved by the Centers for Medicare & Medicaid Services (CMS).

| <b><u>REVISED MATERIAL</u></b> | <b><u>REVISED PAGES</u></b>                        | <b><u>REPLACED PAGES</u></b> |
|--------------------------------|--|------------------------------|
| MACPro SPA                     | General Administration<br>Reporting Template (New) |                              |

*Please place this SPA template behind the previously approved MACPro SPA SC 23-0002. This is a new section in the State Plan book that is before the MMDL Eligibility templates in Attachment 2.2-A.*

If you have any questions concerning the pages above for **SC 24-0027**, please contact Margaret Alewine at (803) 898-0047.

# SC - Submission Package - SC2024MS0001O - (SC-24-0027) - Administration

Summary   Reviewable Units   Correspondence Log   Approval Letter   News   **Medicaid Administration**

## Medicaid State Plan Administration

### General Administration

### Reporting

MEDICAID | Medicaid State Plan | Administration | SC2024MS0001O | SC-24-0027

CMS-10434 OMB 0938-1188

### Package Header

|                   |               |                         |            |
|-------------------|---------------|-------------------------|------------|
| Package ID        | SC2024MS0001O | SPA ID                  | SC-24-0027 |
| Submission Type   | Official      | Initial Submission Date | 12/23/2024 |
| Approval Date     | 01/15/2025    | Effective Date          | 10/1/2024  |
| Superseded SPA ID | New           |                         |            |
|                   | User-Entered  |                         |            |

### A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

☒ 1. The agency assures that all requirements of 42 CFR 431.16 are met.

### B. Annual Reporting on the Child and Adult Core Sets

☒ 1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.

☒ 2. The agency reports annually, by December 31, on:

- a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
- b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

### C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 2/24/2025 12:14 PM EST*

# SC - Submission Package - SC2024MS0001O - (SC-24-0027) - Administration

Summary   Reviewable Units   Correspondence Log   **11/15/2024**   News   Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid & CHIP Operations Group  
601 E. 12th Street  
Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

January 15, 2025

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

Re: Approval of State Plan Amendment SC-24-0027

Dear Eunice Medina,

On December 23, 2024, the Centers for Medicare and Medicaid Services (CMS) received South Carolina State Plan Amendment (SPA) SC-24-0027 to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.

We approve South Carolina State Plan Amendment (SPA) SC-24-0027 with an effective date(s) of October 01, 2024.

If you have any questions regarding this amendment, please contact Etta Hawkins at [etta.hawkins@cms.hhs.gov](mailto:etta.hawkins@cms.hhs.gov)

Sincerely,

James G. Scott

Director, Division of Program Operations  
Center for Medicaid & CHIP Services