

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Liggett</i>	DATE <i>7-8-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000003</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Keck, Kost, Depo, CMS file</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

June 28, 2013

Anthony E. Keck, Director
South Carolina Department of Health & Human Services
1801 Main Street
Columbia, South Carolina 29201

RECEIVED

JUL 05 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

SUBJECT: 372 Acceptance

Dear Mr. Keck:

We have completed our review of your CMS-372 annual report for the Home and Community Based Services (HCBS) Waiver listed below. Based on our analysis of the expenditure and recipient data submitted in this report, we find the data acceptable, subject to any future data validation reviews. A comparison of the actual data reported to the most recent CMS-approved estimates indicates that the estimated costs without the waiver were not exceeded.

- **40181 – Mechanical Ventilator Dependent Waiver**
12/01/10 - 11/30/11 (Waiver Year 4)

If you have any questions please contact Connie Martin at (404) 562-7412.

Sincerely,

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations