

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Waldrop</i>	DATE <i>2-13-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <div style="text-align: right;"><i>247</i></div>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, COS, Deps, 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 <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	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

February 07, 2013

RECEIVED

FEB 13 2013

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

Your request to amend South Carolina's Home and Community Based Waiver for children with Pervasive Developmental Disorders who meet ICF/MR level of care, as authorized under section 1915(c) of the Social Security Act has been approved. This waiver amendment has been assigned control number 0456.R01.02, which should be used in future correspondence. The waiver amendment is effective January 1, 2013.

The purpose of this amendment is to enhance qualifications and rates for line therapists providing early intensive behavioral intervention therapies; prioritize children who receive therapies through the state's Baby Net program to ensure waiver admission as they age out of Baby Net; update the quality assurance; and update Appendix J to reflect rate changes. CMS identified minor issues with the amendment request, and an informal request for additional information was issued to the state on January 3, 2013. In the state's response, all questions were fully answered and changes within the application were completed. The following utilization changes are noted for Years 4 and 5 of the waiver:

	Unduplicated Recipients	Community Costs	Institutional Costs	Total Waiver Costs
Year 4 (01/01/13 – 12/31/13)	932	\$37,737	\$95,985	\$30,167,908
Year 5 (01/01/14 – 12/31/14)	1025	\$38,328	\$98,865	\$33,618,975

We appreciate the effort and cooperation provided by your staff during our review of this amendment request. If you have questions, please feel free to contact Kenni Howard at (404) 562-7413.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

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

cc: Michele MacKenzie, CO