

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Liggett</i>	DATE <i>2-5-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000269</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Heck, 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 St., Suite 4T20
Atlanta, Georgia 30303-8909



Division of Medicaid & Children's Health Operations

January 31, 2014

Mr. Anthony E. Keck, Director
South Carolina Department of Health and Human Services
PO Box 8206
Columbia, South Carolina 29205

RECEIVED

FEB 05 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

The state's request to amend South Carolina's Home and Community-Based Waiver Program that serves individuals who require level of care provided in an Intermediate Care Facility for the Intellectually Disabled (ICF/ID), as authorized under section 1915(c) of the Social Security Act has been approved. This amendment has been assigned control number SC 0237.R04.04, which should be used in future correspondence. Per the state's request, the waiver amendment is effective March 1, 2014.

Specifically, the state submitted an amendment request to add waiver case management as a service to align with other waivers and state plan targeted case management. Waiver case management will be paid at two distinct rates in 15 minute increments: (1) a rate for a face-to-face contact and (2) a rate for telephone contact. Additionally, the amendment revises the terminology from "mentally retarded or MR" to "intellectually disabled or ID"; updates the Adult Day Health Service Definition; revises quality improvement sections where required; enhances clarity of text where needed; and, updates appendices as required.

The following estimates of utilization and cost of waiver services have been adjusted accordingly:

	Unduplicated Recipients	Community Costs	Institutional Costs	Total Waiver Costs
Year 5 (01/01/14 – 12/31/14)	7900	\$ 51,130	\$ 117,267	\$ 403,927,000

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

Sincerely,

A handwritten signature in black ink that reads 'Jackie Glaze'.

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

cc: Michele MacKenzie, Central Office