

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Meyers</i>	DATE <i>10-5-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <div style="text-align: center; font-size: 1.2em;"><i>001159</i></div>	<input type="checkbox"/> Prepare reply for the Director's signature <div style="text-align: right;">DATE DUE _____</div>
2. DATE SIGNED BY DIRECTOR <div style="text-align: center;"> <i>cc: Ms. Foxner, Dept</i> </div>	<input type="checkbox"/> Prepare reply for appropriate signature <div style="text-align: right;">DATE DUE _____</div> <input type="checkbox"/> FOIA <div style="text-align: right;">DATE DUE _____</div> <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
61 Forsyth St., Suite. 4120
Atlanta, Georgia 30303-8909



September 30, 2009

RECEIVED

OCT 05 2009

Emma Forkner, Director
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

I am pleased to inform you the request to amend South Carolina's Community Choices Waiver for Frail Elders and Persons with Physical Disabilities has been approved. This amendment, control number 0405.R01.03, is effective October 1, 2009.

This approval authorizes you to add telemonitoring as a waiver service. The following estimates of unduplicated recipients and the average per capita cost of waiver services have been approved:

	Unduplicated <u>Recipients</u>	<u>Factor</u> <u>ID</u>	Total Waiver <u>Expenditures</u>
Year 4 (July 1, 2009 – June 30, 2010)	16,250	\$9,020	\$146,569,836
Year 5 (July 1, 2010 – June 30, 2011)	16,875	\$9,521	\$160,662,068

We appreciate the cooperation provided by your staff during our review of this request. The revised pages have been incorporated into the approved waiver. If you have any questions, please feel free to contact Terrie Morris at (404) 562-7414.

Sincerely,

Mary Kaye Justis, RN, MBA
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations