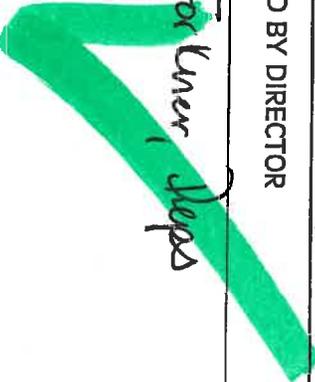


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

<b>TO</b> <i>Myers</i>	<b>DATE</b> <i>10-5-09</i>
---------------------------	-------------------------------

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER <b>001159</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Fox-Kner, Dept</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

<b>APPROVALS</b> <small>(Only when prepared for director's signature)</small>	<b>APPROVE</b>	<b>* DISAPPROVE</b> <small>(Note reason for disapproval and return to preparer.)</small>	<b>COMMENT</b>
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 Recipients	Factor D	Total Waiver Expenditures
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,

A handwritten signature in black ink, appearing to read "Mary Kaye Justis".

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