

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|----------------------|-------------------------|
| TO <i>Waldrop</i> | DATE <i>10-20-12</i> |
|----------------------|-------------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|---|---|
| 1. LOG NUMBER <i>101489</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Fyfe, Deps, Singleton</i> <i>Cleared 10/21/12, letter</i> <i>attached. is being date on</i> <i>response letter.</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>ASAP</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action |

| APPROVALS (Only when prepared for director's signature) | APPROVE | * DISAPPROVE (Note reason for disapproval and return to _____) | COMMENT |
|--|-------------------------------|---|---------|
| 1. | <i>Sam</i> | | |
| 2. | <i>She you aware</i> | | |
| 3. | <i>of this. But the needs</i> | | |
| 4. | <i>to be submitted ASAP.</i> | | |

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303-8909



June 15, 2012

RECEIVED

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

This formal Request for Additional Information (RAI) is in response to your request to renew South Carolina's Home and Community Based Waiver for Individuals with Mental Retardation and Related Disabilities. Our review of the request (control number 0676.R01) found that it does not conform fully to statutory and regulatory requirements. Please provide the clarification necessary to respond to the following issues:

Appendix C-1/C-3: Participant Services – Incontinence Supplies

With this renewal, the State is proposing to add incontinence supplies as a waiver service. Since incontinence supplies are required to be provided under the medical supplies, equipment and appliances component of the mandatory home health benefit, please indicate how this service is different from and does not duplicate incontinence supplies provided under the State plan. In addition, the State has indicated that incontinence supplies are provided to individuals under the age of 21 through the mandatory EPSDT benefit. Please clarify how the State administers the mandatory home-health benefit for medical equipment and supplies for eligible individuals over age 21 pursuant to 42 CFR §440.70(b)(3).

Under section 1915(f) of the Social Security Act, a waiver request must be approved, denied or additional information requested within 90 days of the receipt or the request will be deemed approved. The 90 day review period on this renewal request ends June 28, 2012. This request for additional information will, however, stop the 90 day clock. Once the additional information is submitted to CMS, the 90 day review clock will restart at day one. In addition, as the current waiver expires on June 30, 2012, the State is required to request a 90 day temporary extension so that the waiver can continue to operate as currently approved while the State and CMS continue to discuss and clarify the identified issues. Please submit this request for a temporary extension immediately.

If there are any questions, you may contact Kenni Howard at (404) 562-7413 or Ali Smilow at (410) 786-0790.

Sincerely,

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

log # 489

June 14, 2012

Ms. Jackie Glaze
Associate Regional Administrator
Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303-8909

RE: Request for Temporary Extension
SC HCBS Waiver # 0676.R01 (Community Supports Waiver)

Dear Ms. Glaze:

After consultation with staff from both the Central Office and Regional Office of the Centers of Medicare and Medicaid Services (CMS), the state of South Carolina is requesting a temporary extension of our 1915(c) home and community-based waiver referred to as "Community Supports" (CS) (SC#0676.R01). This waiver is scheduled to expire on June 30, 2012. The state intends to consider our options with regard to offering incontinence supplies.

Thank you for your consideration of this request. Please contact Kara Lewis of my staff with any questions.

Sincerely,


Sam Waldrep
Deputy Director