


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

**ACTION REFERRAL**

TO	DATE
<i>Majors</i>	<i>1-5-09</i>

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOC NUMBER  <b>J00361</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cc: Mrs. Forbner Depo</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> (Only when prepared for director's signature)	<b>APPROVE</b>	<b>* DISAPPROVE</b> (Note reason for disapproval and return to preparer.)	<b>COMMENT</b>
1.			
2.			
3.			
4.			

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations  
Division of Community and Institutional Services

December 29, 2008

**RECEIVED**

JAN 05 2009

Emma Forkner, Director  
South Carolina Department of Health and Human Services  
P.O. Box 8206  
Columbia, SC 29202-8206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Ms. Forkner,

I am pleased to inform you that your request to implement South Carolina's Home and Community Based "Medically Complex Children's Waiver" for children with chronic physical/health conditions has been approved. This waiver (control number 0675) will be effective January 1, 2009.

Specifically, this request is for a new waiver for children who meet the Nursing Facility Level of Care or ICF-MR level of care and have a chronic physical/health condition that is expected to last longer than 12 months and must meet medical criteria defined by the State which makes the child dependent upon comprehensive medical, nursing, and health supervision or intervention.

The services offered in this waiver include Children's Medical Day Care, Respite, Care Coordination, and Incontinence Supplies. This waiver will not provide for participant direction.

The following estimates of unduplicated recipients and average per capita costs of waiver services have been approved:

Waiver Year	Unduplicated Recipients	Waiver Expenditures	Institutional Expenditures
1	375	\$24,000	\$61,179
2	475	\$36,246	\$91,550
3	600	\$38,797	\$96,127

This approval is subject to your agreement to serve up to the number of individuals indicated above for each waiver year. If South Carolina chooses to make alterations to this waiver, you must submit an amendment to CMS for review and approval. The waiver can be renewed at the end of the three year period by providing documentation of satisfactory performance and oversight.

Letter to Ms. Forkner  
December 29, 2008  
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We appreciate the cooperation provided by you and your staff in the development of this home and community-based services waiver program. If there are any questions, you may contact David Mark Reed at (410) 786-0861.

Sincerely,

A handwritten signature in cursive script, reading "Suzanne Bosstick".

Suzanne Bosstick  
Director

cc: Terrie Morris, Atlanta Regional Office  
Kemi Howard, Atlanta Regional Office