

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

**ACTION REFERRAL**

TO <i>Higgett</i>	DATE <i>2-5-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000268</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Heck, Kost, Deps, 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**

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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 Service for children, ages 3-10, who have been diagnosed with autism and would otherwise require the level of care found 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 0456.R01.03, which should be used in future correspondence. The waiver amendment is effective March 1, 2014.

Specifically, the state submitted an amendment request to add case management as a waiver service with two distinct reimbursement rates: one for face-to-face quarterly visits and one for monthly telephone contact, both of which are mandatory under the waiver service definition for case management. Additionally, the amendment revises the terminology from "mentally retarded or MR" to "intellectually disabled or ID"; revises quality improvement sections and updates all 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)	1025	\$ 34,378	\$ 96,542	\$ 35,237,450

We appreciate the effort and cooperation provided by your staff during our review of this renewal 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". The signature is written in a cursive, flowing style.

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

cc: Michele MacKenzie, Central Office