


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Waldrop</i>	DATE  <i>5-9-11</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER  <i>101495</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR  <i>CC: Mr. Heck, Deps, CMS file</i>	<input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____		
		<input type="checkbox"/> I FOIA DATE DUE _____	
		<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. <i>No response re essay</i>			
2.			
3.			
4.			

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

*Log [unclear] [unclear]  
[unclear] [unclear] [unclear]  
N/K*



May 2, 2011

**RECEIVED**

MAY 09 2011

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:

Your request to amend South Carolina's home and community-based waiver SC 0237.R04.02, Mental Retardation and Related Disabilities (MR/RD) has been approved. This amendment has an effective date of March 1, 2011.

This approval authorizes you to update the waiver's Quality Improvement sections to more accurately reflect and describe performance measures, data sources, definitions, provider qualifications, remediation activities, Memorandum of Agreement, service contract information and policies currently used, as well as changes the references to South Carolina's Department of Disabilities and Special Needs to DDSN.

We appreciate the effort and 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 Connie Martin at (404) 562-7412.

Sincerely,

*Jackie Glaze*

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