

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

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>12-3-01</i>
--------------------	------------------------


DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000269</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Fortner, Wells</i> <i>4p</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____		
		<input checked="" type="checkbox"/> Necessary Action DATE DUE _____	

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 AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>12-3-07</i>
---------------------------	-------------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000269</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Fortner, Wells</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
61 Forsyth St., Suite 4120
Atlanta, Georgia 30303-8909



November 28, 2007

Log: Myers
C: etf, wells

RECEIVED

DEC 03 2007

Emma Forkner, Director
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

(Nec-act)

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

I am pleased to inform you that your request to renew South Carolina's Home and Community Based Waiver for Individuals Requiring Mechanical Ventilation (#40181.90.R2) has been approved. The effective period for the waiver is December 1, 2007 through November 30, 2012. Based on our review of the renewal application and the clarification provided in response to our informal request for additional information, we have concluded the request fully conforms to statutory and regulatory requirements.

Approval of this renewal authorizes South Carolina to provide: Specialized Medical Equipment and Supplies; Personal Emergency Response Service; Private Duty Nursing; Personal Care; Respite; Attendant Care; Home Accessibility Adaptations; and Extended Prescription Drugs to individuals who would otherwise require services provided in a nursing facility. The following estimates of unduplicated recipients and average per capita cost of waiver services have been approved:

	Unduplicated Recipients	Factor D	Total Waiver Expenditures
Year 1 (December 1, 2007 – November 30, 2008)	60	\$27,173	\$1,630,355
Year 2 (December 1, 2008 – November 30, 2009)	68	\$28,780	\$1,554,956
Year 3 (December 1, 2009 – November 30, 2010)	76	\$30,749	\$2,336,888
Year 4 (December 1, 2010 – November 30, 2011)	84	\$32,281	\$2,711,628
Year 5 (December 1, 2011 – November 30, 2012)	92	\$34,300	\$3,155,567

We appreciate the effort and cooperation provided by your staff during our review of this request. If you have any questions, please contact Kenni Howard at (404) 562-7413.

Sincerely,

Hugh Z. Webster

for Jay Gavens
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations