

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

ACTION REFERRAL

TO <i>Liggett</i>	DATE <i>4-4-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000310</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, COS, 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 Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

March 27, 2013

Mr. Anthony E. Keck, Director
SC Health and Human Services
PO Box 8206
Columbia, South Carolina 29205

RECEIVED

APR 01 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

Your request to amend South Carolina's Home and Community-Based Waiver which serves individuals with HIV/AIDS, as authorized under section 1915(c) of the Social Security Act has been approved. This amendment has been assigned control number SC 0186.R05.01, which should be used in future correspondence. The waiver amendment is effective April 1, 2013.

Specifically, this amendment removes incontinence supplies as a waiver service and limits pest control services to quarterly. The state assures the Centers for Medicare and Medicaid Services that waiver participants will not lose access to incontinence supplies as they will be offered under the State Plan Home Health Benefit as required in 42 CFR § 440.70(b)(3).

The financial pages (J tables) of the waiver document have been amended to reflect the revisions in cost neutrality and the overall waiver remains cost neutral.

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

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

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

cc: Michele MacKenzie, Central Office