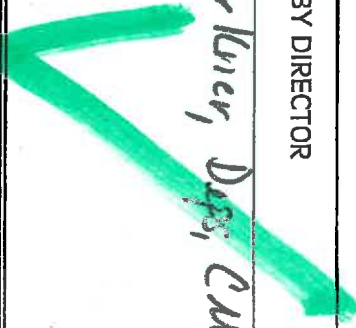


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>11-18-10</i>
--------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1011215</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mrs. For Kuey, 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  
61 Forsyth St., Suite 4T20  
Atlanta, Georgia 30303-8909



November 15, 2010

**RECEIVED**

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

NOV 18 2010  
Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

Dear Ms. Forkner:

I am pleased to inform you the request to amend South Carolina's Home and Community Based Waiver for Medically Complex Children has been approved. This amendment, control number 0675.01, is effective October 1, 2010.

This approval authorizes you to utilize a competitive bidding process to procure incontinence supplies under regulatory exceptions specified at §42 CFR 431.54(d). As required, the State assured adequate services will be available for waiver participants under the special procedures.

Estimates of the cost and utilization of waiver services are not affected by this amendment. The revised pages have been incorporated into the approved waiver. If there are any questions, you may contact Connie Martin at (404) 562-7412.

Sincerely,

Jackie Glaze

Associate Regional Administrator  
Division of Medicaid and Children's Health Operations