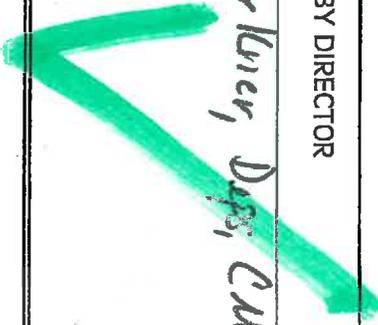


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

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

| | |
|--|---|
| DIRECTOR'S USE ONLY | ACTION REQUESTED |
| 1. LOG NUMBER <i>101215</i> | I <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>cc: Mrs. Farley, Dep, CAS file</i> | I <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ |
|  | I <input type="checkbox"/> 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. | | | |
| 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

NOV 18 2010

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

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,

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

Jackie Glaze

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